MEDICAL COLLEGE OF GEORGIA · GEORGIA'S HEALTH SCIENCES UNIVERSITY · 1828

Today

Volume 27, Number 4 Summer 1999

Aging Gracefully

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MCG Today

Volume 27, Number 4 Summer 1999

Producing *Medical College of Georgia Today* is always a labor of love, but this edition seemed to strike a particularly resonant chord with the magazine's writers. We all felt privileged to become acquainted the extraordinarily fascinating and dedicated people featured inside.

Consider, for instance, Zavyion House, a young football player whose wisdom and maturity belie his age. In this edition of *MCG Today,* writer Toni Baker chronicles the surgery that likely saved Zavyion's life. "Zavyion obviously loves football—he was holding one when I met him—but he also is a very sweet young man whose deep faith in God and powerful bond with his family are readily apparent," Toni says. "Meeting people such as Zavyion and those who helped him brings home the importance of MCG's work and makes me very proud to work here."

Likewise, writer Deborah G. Steele was struck by the rich personality of Joe Caldwell, a lawyer-turned-nurse. "He's brilliant and funny at the same time," she says. "His wife says he makes her laugh at every little thing. He's also very passionate and caring, and he's found what he's always wanted to do."

It's a pleasure to introduce you to these and other remarkable people in this edition of *MCG Today.* We hope you enjoy meeting them as much as we did.

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William Bell (pictured with daughter Caroline Jones) has maximized his quality of life with the help of the MCG Center for Senior Health.

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AT A GLANCE

Horsing Around

Six-year-old Nick Cannell faces daunting challenges every day of his life, but as he sat astride a gentle horse on a recent sunny spring day, he looked for all the world like a master of his universe.

The grin was a sure giveaway of his soaring spirits. But there was more: his proudly cocked head, his straight shoulders, his easy grace.

Nick has Duchenne muscular dystrophy, but on the days he participates in Claudia Morin's hippotherapy program—Blue Ribbon Riders in Evans, Ga.—his disabilities seem to melt away.

Ms. Morin, a hippotherapy clinical specialist and manager of occupational therapy at the Medical College of Georgia Hospital and Clinics, began the

program in 1981. Specially trained physical, occupational and speech therapists use horses to help patients with movement dysfunction improve balance, posture, self-esteem, strength, flexibility and range of motion.

After just a few sessions of the program, participants begin to sit upright on horses, rather than slumped over. Their movement control also improves. And their self-confidence soars.

"It develops a lot of self-esteem," said Pam Weinberger, whose son Saul, 6, participates in the program. "It helps with their balance. We've been going through occupational therapy for a year and this is our third session [with Blue Ribbon Riders] and he continues to improve."

Beverly Cannell of Evans enrolled her sons, Tony, 10, and Nick, in the program. Both have Duchenne muscular dystrophy – a form of the disease which is most common in childhood and is characterized by the wasting away of muscles.

"This is something they can do," she said. "For children like them, there are a lot of things they can't do, like play soccer and run, but they can do this. This is something special for them."

"Hippotherapy plays an important role in the lives of children with special needs," said Ms. Morin. "We find that they don't require as much assistance, initiate activities and are more willing to do movements that demand them to maintain balance."

"Claudia actually does Saul's occupational therapy and probably knows better than anyone else what he needs to work on," said Mrs. Weinberger. "I'd recommend it to anybody."

Halting Hot Flashes

The Medical College of Georgia is studying the combination of the anti-depressant Prozac with estrogen-like Evista to treat hot flashes, a common side effect of menopause.

"We want to know if this combination of drugs provides an effective, non-estrogen therapy for women," said Dr. Scott Slayden, reproductive endocrinologist at MCG. The therapy is being evaluated in 190 women at 10 U.S. sites, including MCG.

Women who can't or won't take estrogen—a common and generally effective treatment for menopause-related symptoms including hot flashes —need an alternative treatment for hot flashes, Dr. Slayden said. These women include those who have had breast cancer, those whose hot flashes aren't alleviated by estrogen and those who fear estrogen will increase their risk of breast or endometrial cancer.

Dr. Slayden hopes Prozac can combat hot flashes by boosting serotonin levels, which tend to drop upon menopause, interfering with the brain's ability to regulate body temperature. Evista, or raloxifene, will be added to combat osteoporosis, a potentially debilitating loss of bone mass that commonly accompanies menopause. Unlike estrogen, Evista's molecular structure won't interact with estrogen receptors in the breast or uterus and won't cause side effects such as menstrual bleeding and breast tenderness. Likewise, it doesn't increase a woman's risk of breast or endometrial cancer. Evista may also help protect the heart by raising the level of protective cholesterol, high-density lipoprotein.

Serotonin/Personality Link

About 30 percent of the population may have a reduced capacity for transporting serotonin, a neurotransmitter key to cell communication and a factor in some forms of depression, according to a researcher at the Medical College of Georgia.

Serotonin transporters and the gene responsible for their production were analyzed in the blood samples of 67 adults—more than half of whom were clinically depressed—and 15 people were missing a piece of the regulatory region of the gene, said Dr. Jeffrey Rausch, psychiatrist and vice chairman of the MCG Department of Psychiatry and Health Behavior.

The incidence of depression was no higher in those missing the gene piece than in the control group. But personality tests revealed the missing piece correlated with traits such as harm avoidance and anxiousness. "These dimensions of personality were significantly different in people who have this piece of gene missing," Dr. Rausch said. "Furthermore, we found past history of alcohol dependence four to five times higher in this group."

The gene is the site of action for popular antidepressants such as Prozac, and Dr. Rausch thinks the defect may help explain why about 25 percent of people respond slowly or not at all to depression treatment. The human gene was first cloned by a team of MCG researchers led by Dr. Vadivel Ganapathy, biochemist and Regents professor, and an Emory University research team.

The researchers hope such findings will help explain the genetic vulnerability for psychiatric disorders. "If you know what the vulnerability factors are, you can develop methods to identify what interventions may help the vulnerability and, ultimately, it can lead to improved treatment," Dr. Rausch said.

Aging Gracefully

Christine Hurley Deriso

Anne Jarrett has learned to accept her sister's illness, but her voice still breaks when she recounts Dorothy's descent into Alzheimer's disease.

The symptoms, which began about five years ago, were subtle at first—occasional forgetfulness that could easily be dismissed as absent-mindedness.

"She got to where she would occasionally miss Sunday school, and when I asked her why, she said, 'I forget things. It's kind of embarrassing.'"

When her forgetfulness became more pronounced, Mrs. Jarrett, an Augustan, began making thrice-weekly visits to her sister's home in Columbia, S.C. The women, both widows, lived alone, and Mrs. Jarrett felt protective of her older sister. Her fears heightened as her visits grew more frequent. Mrs. Jarrett always cooked meals for her sister when she visited, but when she returned two days later, she often found the food untouched. It seemed that her sister was

Dr. Tom Jackson, facing page, and Cathy Green, bottom right, with patients.

forgetting to eat.

Then something particularly jarring happened. "Dorothy called a neighbor because she thought a stranger was in her house," said Mrs. Jarrett. "But the 'intruder' was her own reflection in the mirror."

Mrs. Jarrett wasted no time. She moved her sister into her home.

Since then, Dorothy's condition has deteriorated rapidly. She no longer speaks or has any grasp on reality. It's been a crushing journey for both sisters. But they've had help along the way.

The Medical College of Georgia Center for Senior Health, which offers comprehensive health care for those age 55 and older, has treated Dorothy since she moved to Augusta. "They're wonderful, just wonderful," Mrs. Jarrett said. "I feel so free when I call them because they always help me. I depend on them. I call them my rocks."

The center's staff is only too happy to be of assistance. "No matter where our patients are in their path, we're walking that path with them," said Cathy Green, the center's clinical nurse specialist. "And it's a privilege."

Although some of their patients' conditions, such as Alzheimer's disease, are incurable, help and hope are in no short supply. "There is a fair amount we can do to help people with Alzheimer's disease," said Dr. Tom Jackson, a geriatrician, internal medicine physician and associate medical director of the center. "We help them get the most they can out of the time they have left. We focus on quality of life."

That philosophy applies to all the center's approximately 1,000 patients, whose medical conditions include arthritis, osteoporosis, diabetes, hypertension and other ailments that disproportionately affect the elderly. Some have several problems; for instance, Eleanor Alger is being treated for high blood pressure, osteoporosis and chronic pain resulting from two deteriorating disks in her back. All three conditions are well-controlled by the staff, she said. "They've been wonderful to me, very attentive," Mrs. Alger said. "And they've prescribed pain patches that take care of most of my pain. If it wasn't for the pain medication, I couldn't do what I do," including living independently—a high priority for the 80-year-old Augustan.

The center utilizes the most cutting-edge treatments available, often helping develop new protocols and drawing on the findings of MCG's clinical and basic science researchers. Its facility and equipment are second to none; for instance, the center recently acquired a DEXA scanner to measure bone strength.

But perhaps most importantly, the center's highly specialized and multidisciplinary staff has the perspective necessary to maximally treat the elderly. The staff realizes that senior citizens comprise both the highest-risk patient population and that most likely to have complicating factors. For instance, many of the center's patients, such as Mrs. Alger, take multiple medications, so a considerable challenge is understanding and controlling all the accompanying side effects and interactions.

But the staff—which includes Dr. Jackson, Ms. Green, a physical therapist and a social worker—does much more than treat medical problems. "We work out a unified plan to deal with the combination of problems that affect the elderly," said Dr. Jackson.

Those problems might include physical and mental disability, loneliness and isolation, poverty, the inability to perform necessary everyday functions and the overwhelming demands of caring for an infirm loved one. The center works closely with its patients and their

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* Bolded items above can be found in photo.

families to address all these issues, matching them with appropriate community resources when necessary. To better serve its patients, the center moved July 13 into a facility in west Augusta that adjoins a day-care facility for the elderly.

"The idea was to have a center that was very accessible," Dr. Jackson said. "Our new location is quiet, uncrowded and has its own parking."

Such convenience is a Godsend for those whose everyday errands can transform into logistical nightmares. For instance, William Bell has abhorred large, sprawling environments since several small strokes robbed him of his mental acuity. His daughter, Caroline Jones, is very grateful that the Center for Senior Health manages his health care within the confines of a small, familiar environment.

She also feels indebted to the center for helping her adjust to her new role in her father's life. "In the past year, he's become even more confused," said Mrs. Jones. "He's gone down mentally a good deal. It's been very hard to switch roles. I was the child, and now I'm the mother."

The center gives extensive information and advice about caring for mentally impaired loved ones. For instance, trying to rationalize with demented patients is futile, Dr. Jackson said. The staff teaches techniques such as distracting a loved one rather than arguing with him. Techniques also address common Alzheimer's symptoms such as wandering and aggressiveness (see *Minding the Mind*). The key to effectively managing an Alzheimer's patient, Dr. Jackson said, is understanding the disease process.

"If you think of your memory as an onion, the first stage of Alzheimer's disease is that no new layers are added to the onion; you don't form new memories," he said. "The next step is that layers of the onion start being peeled away. At some point, Alzheimer's patients lose their inhibitions because the memories associated with them are lost. Hostility results both from lost inhibitions and from the tension of realizing the memory is fading."

Of course, it's one thing to grasp this concept intellectually; it's quite another to deal with it emotionally. "The family goes through all the stages of grieving because their family member is going through a living death," Dr. Jackson said.

"There's nothing left of my sister's personality," Mrs. Jarrett said of her sister, Dorothy. "It's really heartbreaking."

Both she and Mrs. Jones are gratified that the center's staff understands their grief. They are heartened to be in an environment that not only treats the patients as they are today, but respects the totality of their lives, including their vibrant pasts.

"I try to help preserve people's personalities when they are no longer able to speak for themselves," said Ms. Green, the center's nurse. "I get so excited because I get to touch history.

MCG's new Center for Senior Health

I've had the privilege of taking care of a doctor who cared for [former President] Eisenhower. I got to know the man who invented the pop top. I took care of a college professor who left England during World War II. I could make him real to the nurses who'd never heard him read Shakespeare."

The only way to preserve such uniqueness, she said, is to involve and embrace their patients' families. "We don't leave families sitting in the lobby," she said. "They're part and parcel of our care. They're the people who know that Mom's favorite thing in the world is chocolate-covered cherries. They're the ones who know that Dad has always loved Shirley Temple movies. Would that all of us have somebody who knows us well enough to help us connect when we can no longer do it for ourselves."

Mrs. Jarrett says that filling that role is a labor of love. Her voice lightens as she reminisces about her sister. Dorothy H. Anderson was a generous and compassionate women who excelled in the business world. She was a buyer for four jewelry stores, "the most efficient person you've ever met," Mrs. Jarrett said. "She was very outgoing, very sweet. She had lots of friends and was active in church and volunteer work."

Mr. Bell, Mrs. Jones' father, was an energetic lawyer who read voraciously and awed acquaintances with his intelligence. "He has good eyes, so he's still able to read," Mrs. Jones said. "I don't think he really understands what he's reading, but it seems to make him happy to go through the paper for a couple of hours a day."

The center tailors its services to such individuality. For instance, when Mr. Bell could no longer live at home, even with the live-in caretaker his daughter hired, staff members investigated every available resource. Thanks to their efforts, Mr. Bell today lives in a personal-care complex consisting of three adjacent houses. A nurse floats among the complex's nine patients. "It's small, very clean and very well-run," said Mrs. Jones, who visits every day. "He loves it. A nursing home would not have been the right thing for him because of the largeness. There is no good answer, but this is the best option for us. We're settled."

Likewise, the staff helped Mrs. Jarrett find an assisted-living center for her sister when she could no longer manage Dorothy's needs. "There are 15 patient rooms, and Dorothy has her own bedroom and bathroom," Mrs. Jarrett said. "I see her every day, and she always runs up and hugs me. I don't think she

knows who I am anymore, but she knows I belong."

As difficult as it is to witness a loved one's dementia, "the patients themselves come to enjoy life as it is," Dr. Jackson said. "Even if you're only living in the present, you can still sit out on the porch, scratch the dog's ears and have a nice day."

And regardless of their physical or mental condition, the elderly have much to teach those who take the time to benefit from their wisdom. "Working with the elderly has made me very respectful of the aging process," Ms. Green said. "If you don't make friends with the people ahead of you, you won't know how to age gracefully. I've learned that old age is a very effective leveler. Forget socioeconomics. Forget college degrees. In the end, what matters is the relationships you've formed. Family and friends mean more than gold and silver."

Minding the Mind

Christine Hurley Deriso

As dreadful as Alzheimer's disease is, people needn't fear that it is inevitable. "Alzheimer's is a disease process, not an aging process," said Dr. Tom Jackson, associate medical director of MCG's Center for Senior Health. "And even though there is a genetic predisposition, you aren't doomed to have it if it's in your family."

MCG researchers are furiously seeking new treatments for the disease in which lesions inexplicably form on the brain and destroy nerve cells. Dr. Jerry J. Buccafusco, professor of pharmacology, toxicology and psychiatry, has gleaned considerable insight by studying normal and impaired memory in animal models. Drugs are being continually created and refined that reflect research findings, such as the importance of the neurotransmitter, serotonin, and the memory-enhancing aspect of nicotine-like drugs.

"The sooner the drug regimen begins, the more effective it is," said Dr. Jackson. "We encourage people who suspect they or a loved one has Alzheimer's disease to seek treatment sooner rather than later." A checkup (largely to rule out other diseases) and memory tests are used to diagnose Alzheimer's.

The disease is better-understood every day. "We're finding that what we call Alzheimer's disease is really several separate diseases," said Dr. Jackson. "Different sets of genes seem to be important. It can't be explained by a single genetic marker."

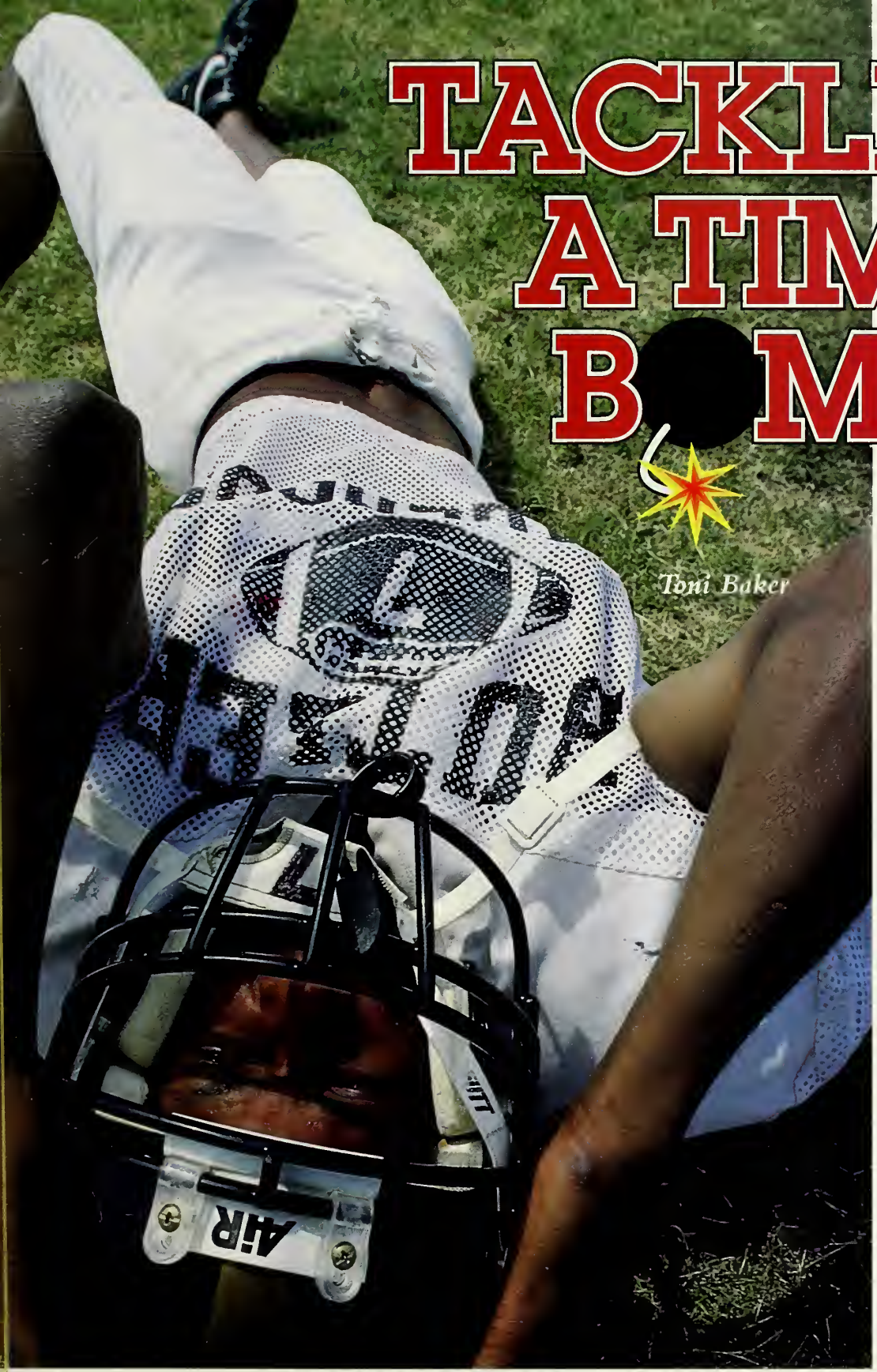
Indeed, the more scientists learn about the disease, the more they realize they don't know. Alzheimer's disease remains maddeningly enigmatic. As researchers dig for answers, clinicians prescribe the most effective treatments to date and concentrate on enhancing the quality of life of both the patients and their care givers. The staff at the Center for Senior Health teaches techniques to help loved ones deal with symptoms of Alzheimer's, such as wandering, aggressiveness and confusion.

Dr. Lore Wright, chairman of the MCG Department of Mental Health Psychiatric Nursing, has extensively researched the topic and recommends tips such as camouflaging doors with sheets to prevent wandering outdoors and dressing the patient in simple, easy-to-manage clothing. Dr. Ann M. Kolanowski, chairman of the Department of Adult Nursing, has researched aggressiveness in senility and advises care takers to infer underlying needs when Alzheimer's patients become hostile. For instance, a patient demanding to see her long-deceased mother actually may be communicating a need for security. Others may become agitated at predictable times—for instance, when being bathed. In such cases, care givers can anticipate unruly behavior, ready to respond helpfully rather than punitively.

For the sake of both Alzheimer's patients and their care givers, "we need more nursing homes, day care centers and home health nurses," Dr. Jackson said. "These options must be available and affordable," particularly considering that an aging population portends a growing number of Alzheimer's patients.

Although Alzheimer's disease is not preventable at this point, Dr. Jackson notes evidence that continual mental stimulation can hedge one's bets for future well-being. "There is actual evidence that if you've always exercised your brain, you'll remain functional longer than someone who didn't," he said. "The key is to be active and do challenging and enjoyable things."

TACKLING A TIME BOMB



Toni Baker

It was an October afternoon in Augusta and 18-year-old Zavyion House was doing what he loves.

From his earliest days in the little leagues, Zavyion has loved football. His position of free safety makes him the man farthest back on the defensive team. If an opponent gets past the defensive line, it's Zavyion's job to save the day.

It almost seems that this tall, quiet young man with a handsome face and a soft voice would be out of place in this aggressor's role. But Butler High School head football coach David Land says he's anything but.

That day last fall, Zavyion's opposition was his own offense because it was a practice session, a time when offense and defense work hard against each other to ultimately play better as a team. Zavyion went to tackle one of his own men and got blindsided with a hit to his head. He blacked out for just a second and thought he was fine minutes later.

Physical therapist Ted Hanson was on the sidelines

that day, as he often is; he covers Butler High School's practice sessions and games as part of the outreach efforts of the Medical College of Georgia Center for Sports Medicine. He asked Zavyion questions after the head hit to make sure he was OK. Zavyion thought he made perfect sense but Mr. Hanson and Dr. Andy Riddle, an orthopedic resident there that day, didn't agree. An assistant coach took Zavyion to an area hospital just to be safe.

There, a routine computerized tomography scan of his head showed that since before birth, Zavyion had been anything but safe. Just about dead center of his brain was a tangled heap of blood vessels about the size of a small peach but more accurately likened to a time bomb. It was an arterial venous malformation, words that Zavyion had never heard. But alone in that emergency room he understood too well when the neurosurgeon told him he had a high risk of death or debilitation.

When Debbie Jones reached her son, he was lying alone in a darkened hospital room crying. He was worried most about losing his life; and, if he lived, he'd been told he could never play football again.

"Oh God, it was scary. It was so scary," he said. His mother took her normal place at her son's side, stoically supporting him. But she was sick inside.

They didn't really know what to do. So mother and son came to the MCG Children's Medical Center.

"When you grade arterial venous malformations, you grade them one to five. Grade five is considered inoperable. Zavyion's was a grade four," said Dr. Mark Lee, a CMC pediatric neurosurgeon.

This tangled heap of blood vessels looked much like the inside of a golf ball. But it served no purpose, only the potential for devastation. If dissected, the wad of vessels would reveal individual vessels that were weak, their walls lacking the normal number of layers. Large arteries were feeding blood to the vessels and a big vein drained the area. But the pressure in the arteries was too high because brain tissue, which normally exists between arteries and veins, wasn't there to slow blood flow. In fact, it was easier for blood to flow through the arterial venous malformation than through the rest of Zavyion's brain. This "absolutely abnormal communication" between arteries and veins was near the center of his brain, close to the area that controlled movement on the left side of his body.

With each year of Zavyion's life came a 4 percent to 5 percent chance that the malformation would rupture. "These vessels are very fragile. It wouldn't necessarily take a bump on the head. He could have just been eating dinner or sleeping when it happened," Dr. Lee said. But activities that raised Zavyion's blood pressure, such as football, were particularly risky.

But Dr. Lee couldn't tell Zavyion that it would definitely rupture. He'd lived a healthy life to that point with no sign of trouble, not even a headache. And he might continue on that path;

but he might not.

"It's a tough scenario," the surgeon said. "Here you have a kid who is 100 percent normal, a very good athlete. There is significant risk to the surgery and there is significant risk to not doing anything. The problem with not doing anything is you can't predict. You don't have a crystal ball."

Dr. Lee laid it out for mother and son. If Zavyion did nothing and the malformation ruptured he likely would permanently lose the use of his left side. After surgery, that side would still be weak and there was about a 10 percent chance that it would never be strong again.

Zavyion seriously considered not having the surgery. "I'd had this all my life and it hadn't bothered me. Why would it bother me now?" The main difference is that now, Zavyion and his family knew it existed and knew its potential.

"I told him it was his choice," Ms. Jones said. "He was 18 and if he felt like he'd rather take his chances...then I wanted it to be his choice."

His choice was to remove the time bomb, and he made it with a loving family at his side and a strong faith in God. This young man, who would take on any opponent carrying a football, says he was scared. But one night as he prayed, he asked if things would be all right and a voice told him it would be.

DR. LEE ATTACKED the malformation from a point just above Zavyion's right ear. He entered the brain at the sylvian fissure, a natural separation between the temporal and frontal lobes. Through that fissure he found a big, robust blood vessel that he assumed was one of the feeders and followed its trail down to his target at the center of Zavyion's skull. To help avoid bleeding, he wanted to dissect the arterial venous malformation with a little margin of tissue around it. But its proximity to key brain tissue made that impossible. "We had to stay right on the arterial venous malformation," Dr. Lee said. It was precarious positioning because the vessels start bleeding "if you look at them funny. Our strategy was to find the blood vessels feeding it and try and take them first," he said. That was difficult, too, because many of the vessels had feeders that supply normal brain tissue; if he clipped the vessel too soon, it could cause a stroke. The last thing he would clip would be the draining vein.

As he worked to clip the feeding vessels, one of Dr. Lee's primary concerns was realized when the malformation began bleeding uncontrollably and he could not definitively identify a safe place to clip the vessel responsible. He had to do something or Zavyion would bleed to death. He took an educated guess—and a correct one.

All told, it was 14 hours of tedious work and high emotion. As Dr. Lee finished clipping the feeding vessels, the red malformation turned blue and he relaxed.

DAYTIME HAD TURNED TO night while Ms. Jones waited for news. She knows it sounds odd, but she says she never really worried. She had her family, friends and faith supporting her. That night, about 11 p.m., her wait was over.

When she walked into the intensive care unit, her first glimpse of her son was of his weakened left side. His left eye was unnaturally staring straight ahead. A little scared, she asked her son how he was feeling. "I didn't expect a response." But from under the covers he gave her a thumbs-up sign and then he pointed to heaven. She knew her son would come back, but she didn't know how far.

THE FIRST TIME AFTER surgery that he tried to do anything, Zavyion's first reaction was frustration. He couldn't move his hand and foot and he thought for a moment, "Why bother?" But he also thought about that day on his knees and the comforting voice, and he persevered. "I had to get up and walk."

Ted Hanson, the MCG physical therapist on the field the day Zavyion was injured, was back at his side again,

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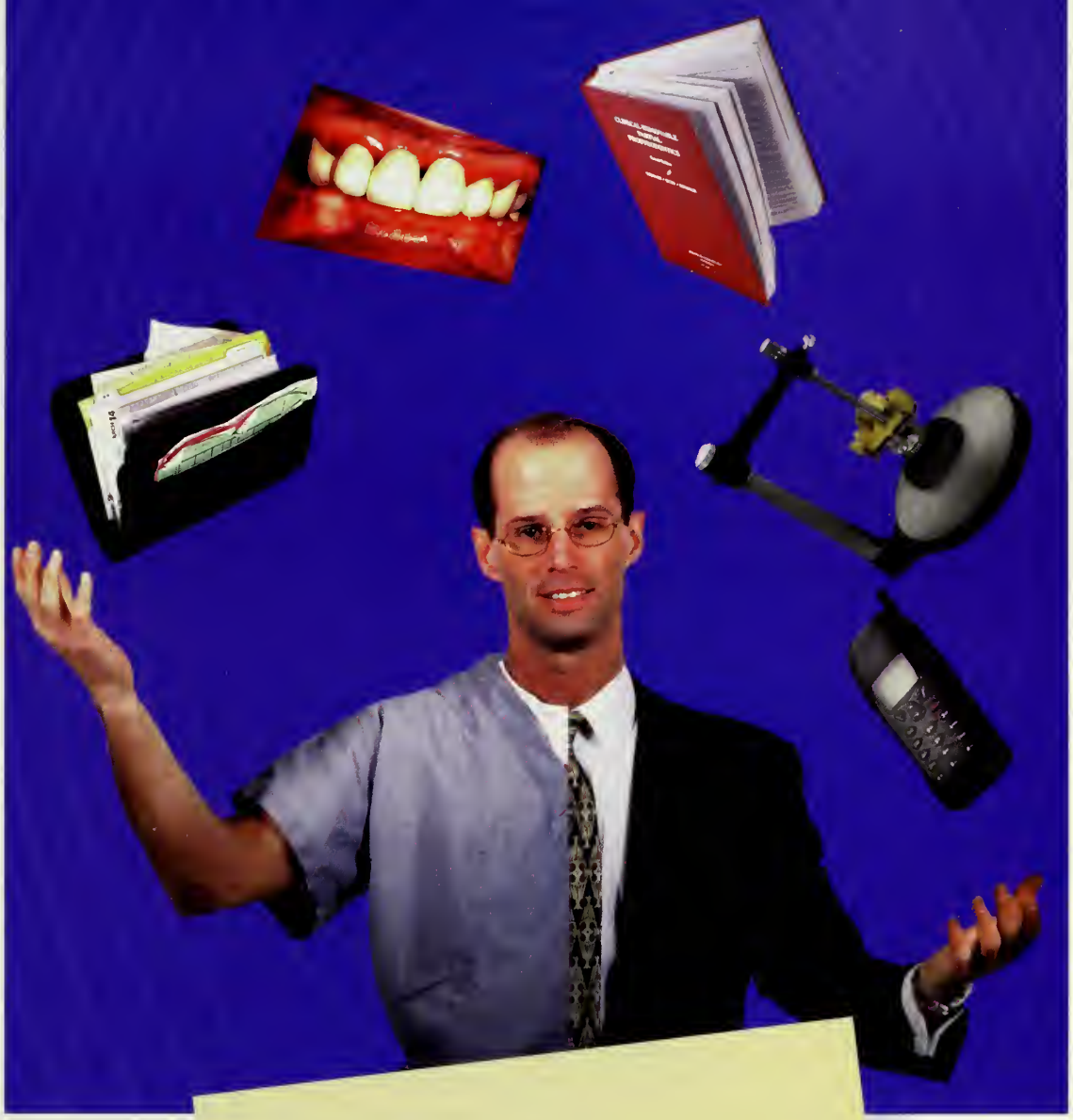
helping him regain the strength and the confidence that came so naturally before. They did basic strength training, such as leg lifts. They worked on balance routines that helped Zavyion once again count on his left leg. As his balance and strength returned, Mr. Hanson (MCG Physical Therapy class of 1997), an ex-high school football player himself, even set up a makeshift obstacle course to further challenge Zavyion.

Meanwhile, occupational therapist Mary Alice Bell (MCG Occupational Therapy class of 1989) focused on Zavyion's upper body. The first time she saw Zavyion, he said little and he smiled less. The next time she saw him, he was snapping at his sister and Mrs. Bell was encouraged. The time after that, he snapped at *her* and she was thrilled. She recognized these bursts of energy and helped him point them in the right direction.

"With Zavyion there was a determination," Mrs. Bell said. "He got to the point where he would come to therapy smiling. His sisters came with him and his mom came with him; everybody got involved. It was more than just what was happening to him. It pulled in the whole family."

To the delight of his therapists, it wasn't long before Zavyion didn't need them any more. "It's really one of the bonuses of what we do," Mr. Hanson said. "We are here to get folks back to what they want to do. They can't always, but it sure makes you feel good when they do."

The first day of spring training 1999, Zavyion House was back on his field of play.



Dental Student / CEO

Christine Hurley Deriso

Catch Lauren Hargrove between classes at the Medical College of Georgia School of Dentistry (well, *try* to catch him; he moves fast) and it's clear that he intends to squeeze quality time out of the first free moment he's had all day.

While other dental students are lingering in hallways to ask classmates how they did on an exam, Lauren is pecking numbers into his cell phone, which he cradles between his ear and shoulder as he rushes to a fax machine. Lauren, who balances the unlikely combination of dental school and non-profit entrepreneurship, has orders to place, deliveries to arrange, no time to spare.

His pace doesn't slow at night, when he works on his company website, makes another string of phone calls, brushes up on Spanish and studies in between. Sleep generally figures nominally into his nighttime routine.

On weekends, he shifts into *high* gear. Lauren's business, which provides donated dental equipment to non-profit health clinics worldwide, is a labor of love but a crushing time commitment, so every second counts. On Friday afternoons after his last class, Lauren tools 150 miles to the business's Atlanta warehouse. Time to check on inventory, crunch some numbers, place more orders, make more calls.

Hmmmm: Perhaps on holidays and vacations he finds time for to catch his breath? Well...no. That's when he heads

Above: Lauren Hargrove helps treat patient in outdoor makeshift clinic. Above right: Baby that Lauren helped deliver during mission trip.

to some obscure speck on the map where impoverished populations desperately need the dental services he volunteers at every opportunity.

Lauren sums it all up with a smile that surely belies world-class fatigue. "There are not enough hours in the day," he says. The cliche probably had no business being invented until it applied to him; *that's* how busy he is.

But he wouldn't have it any other way. The way Lauren figures, he's got a lot of catching up to do.

The 32-year-old Atlanta native got a late start in health care; he spent his 20s working in clothing sales for a London-based company. He was extremely successful, serving corporate executives who thought nothing of spending five figures on a custom-designed suit. Lauren lived well and amassed a comfortable savings account. But he had a nagging discomfort with his Robin Leach perspective of the world. "I was pretty selfish," he acknowledges. "Sales was a very competitive and cutthroat business, and I didn't really like the way my life was going."

Lauren, deeply religious, yearned to weave Christianity into his daily life. He began to dream about a career that could change people's lives rather than their wardrobes. He considered medical school.

His soul-searching led him to a mission trip with the Christian Medical/Dental Society. He was assigned to assist an oral surgeon, spending two weeks treating the extensive and sometimes even life-threatening dental needs of the desperately poor people of Jamaica. Lauren was humbled and overwhelmed.

"When I went on the mission trip, it really showed me a different side of life," he says. "I came out of high school thinking life was going to be handed to me on a silver platter. Then I saw entire families living in huts that we wouldn't even store our tools in. It opens your eyes, it really does. I realize now I'm very fortunate to be where I am, and I feel the Lord has placed me in a position where I can really make a difference in the world. I consider it a privilege."

The trip also changed his career goal. He was so impressed with the oral surgeon that he applied to dental school. In 1995, he enrolled in the MCG School of Dentistry.

Lauren continued his mission trips, struck by the pervasive needs of impoverished people and their immense appreciation for whatever help is offered. "They'll walk 10 to 15 hours sometimes to go to our little hole-in-the-wall clinics," Lauren says. "Sometimes we don't even have a building to work in; we work under trees. But regardless of the circumstances, they're so grateful. It's very rewarding. A lot of times, miracles happen, so I know there's divine intervention involved."

And Lauren has fielded his share of non-dental emergencies. Once, a woman who had traveled a long distance on foot to a makeshift dental clinic went into labor during the visit. Lauren helped deliver her baby, who obviously wasn't particular about the credentials of those who ushered him into the world.

"Lauren has a tremendous heart for helping people," says Dr. Sam Molind, director of Global Health Outreach, a medical/dental group that organized the first mission trip Lauren attended. "He's a very spiritual fellow who really wants to serve the Lord and individuals' spiritual and medical needs."

But as fulfilling as the mission trips have been, Lauren soon determined that he wanted to do even more. He was struck by how poorly equipped the dental clinics were. He knew that remedying that problem would greatly enhance the effectiveness of mission workers. Well-equipped clinics would also make it easier to recruit and train local dentists and other health care providers, he reasoned. And the clinics' patients would benefit immeasurably.

"A lot of people [in Third World countries] are scared to death of dentists because they don't have anesthetic," he says. "So even those who have access to dental care often have horrible experiences. But good dental care is vital. People can die of an [untreated] dental infection."

Lauren had an idea. His career in sales had taught him that virtually every business occasionally overstocks. What if manufacturers of dental equipment were willing to donate their excess inventory to non-profit clinics? Everyone would benefit: the companies could get a tax write-off, the clinics would receive sorely needed equipment and people would receive more effective and pain-free treatment. Lauren started working the phones and using his savings to transform his dream into a reality.

That was four years ago. Today, World Dentist Outreach Inc., his company, has helped equip about 100 non-profit dental clinics worldwide, including clinics in Ukraine, Vietnam, Jamaica, Haiti and impoverished areas of the United States. Some clinics have received as much as $50,000 worth of equipment. "Last year, we placed about $350,000 worth of new dental equipment, and this year, we're shooting for half a million," Lauren says. "We want to build lasting clinics so we're not just in and out. We not only equip the clinics, but we help train the people who live there and implement some programs."

Dr. Molind said the effort has proved invaluable. "There might be 100 organizations out there searching for supplies or equipment," he says. "If they all applied for donations, the companies would be inundated. They would much rather have a centralized effort. This was a really good idea."

In the company's infancy, Lauren stored the donated equipment in his parents' garage. Now, he rents storage space and runs his business with the zeal and intensity of a blue-chip CEO. "It gets hectic," he acknowledges. "I've just started a website, and I'm learning Spanish for the second time. Right now, I have 15 projects, an exam coming up and a bunch of orders to fill. But I don't mind. I feel really conscientious about making sure people have what they need."

"I don't know how he's done all this while he's been in school," says Dr. Molind. "It's mind-boggling."

Lauren is also vigilant about maintaining contact with dental supply company representatives, letting them know the benefits of their donations and how much their altruism is appreciated. "They feel like they're a part of it," he says. "Companies want to help, but a lot of times, they never get feedback. We send pictures and updates and let them know they're part of the team."

He's been astounded by the generosity of the companies, which include Dentsply, Hu-Friedy, KaVo America, Luxtec, Stryker and 3M Dental. "They donate overstocked or demo equipment, and they also give us specifically what we need. There are thousands of different dental instruments, and we like to provide clinics with the same equipment consistently so they'll be familiar with it and know how to use it." The companies also custom-build equipment—for instance, portable equipment for nomadic mission workers and electric equipment designed for specific voltage requirements.

Despite such an extraordinary commitment, Lauren sometimes feels overwhelmed by the needs of the poor. For instance, his organization is trying to re-establish dental care in Rwanda, an African country whose educated population has been almost completely wiped out by civil war. "We're trying to restructure the dental community there," he says. "You've got to start somewhere."

Lauren spends about a day a month visiting clinics, checking on their progress and volunteering his dental expertise. His fiancee, who is from Uruguay, speaks several languages and often accompanies him to assist and translate. "This is a phenomenal way to learn about different cultures," Lauren says. "These are experiences you couldn't get with a tour guide."

Lauren plans to practice general dentistry after graduating and hopes to save enough money to eventually provide mission service full time. He is recruiting like-minded dentists to join World Dental Outreach.

"I feel like God has used all my skills to get me ready for this," he says. "It's all built up to this. I never expected to get to this point. And who knows where we're going from here?"

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Soul-Searching

Deborah G. Steele

Joseph Caldwell III devoted most of his adulthood to the world of high finance, but as he watched his father dying inch by inch five years ago, his mastery of the material world seemed utterly insignificant.

Joe, an Augusta lawyer who specialized in securities litigation and the restructuring of multimillion-dollar corporate transactions, was good at what he did, really good. So why wasn't his heart in it? Why, as he soothed his dying father with his soft voice and gentle touch, did he feel so professionally unfulfilled?

His soul-searching had begun.

Older sister Lee Ann, an associate professor of history at Augusta State University, describes watching Joe help take care of their father when he was fighting the final stages of Parkinson's disease, which he succumbed to in 1994 at age 70. "Joe really began to help nurse my father through that last illness," she said. "He was good at it. He was so good with Dad."

And it felt so right. Joe wondered if he was meant for a career in health care.

It wasn't the first time he'd toyed with the idea. "There's really a strong medical tradition in my family," said Lee Ann, noting that her father, brother John and sister-in-law, Alice Little Caldwell, are all graduates of the MCG School of Medicine. "I think in the back of his mind, Joe always enjoyed that."

But for whatever reason, his life took a different twist. After studying premedicine at the University of Georgia, he abruptly switched his focus to business. He completed a year of graduate school, then enrolled in the University of Georgia School of Law.

"I never really wanted to practice law," he said with a chuckle. "I don't know why I got into it in the first place. I wanted to go into business and I thought a law degree certainly couldn't hurt."

After earning his law degree, Joe joined a small downtown Augusta firm specializing in tax law in 1982, then left in 1990 to form Prather/Caldwell P.C.,

Attorneys at Law.

He specialized in securities practice and federal law, taking nascent corporations public and handling litigation before the Securities and Exchange Commission. His practice also expanded to encompass the restructuring of multimillion-dollar transactions in the early 1990s. It wasn't until 1996 that he began to really feel the strains of being a lawyer. He yearned for more time with his wife, Terri, and children Joseph IV, 15, and Kristin, 13.

"The workload and stress were just tremendous," he said. "The public has a perception about lawyers working convenient hours and making lots of money, and that's not the way it is. You really have to be married to your work and live your work every waking and sleeping moment. I wanted to stop practicing in order to do something else, but I didn't know what."

After discussing a career change with his wife of 18 years, Joe reflected on how natural it had felt to care for his dying father. He decided to become a nurse. He looked for reassurance from family and friends, hoping they would support his decision.

Steve Mayfield, a childhood friend of Joe's, remembers telling him he thought he was making the perfect decision. "I told him that nursing was the perfect field for him to go into," said Mr. Mayfield, director of performance improvement at DeKalb General Medical Center.

Joe had the reassurance he was looking for, and a year and a half later, he closed his practice and set out on a new career path. Joe applied, and was accepted, to the MCG School of Nursing in 1996.

In 1998, Joe graduated with a bachelor of science degree in nursing and is now a nurse on MCG Hospital's thoracic surgery, telemetry and step-down trauma unit, which is, according to Joe, "the finest place to work in the hospital in terms of co-workers, nursing care, physicians and patient mix. It's probably the busiest floor in the hospital.

"My father always had a great deal of respect for nurses and felt that, in many respects, they were the ones who got the job done," he said. "Nursing has its own unique hands-on qualities that a physician doesn't get to experience. You are much more directly involved with patients. Nursing, as a profession, is a wide-open field. It opens up doors for you rather than closing them."

Dr. Christopher Welch, an assistant professor in mental health/psychiatric nursing at MCG, remembers his former student fondly. "He has a soft, calming voice," said Dr. Welch. "He approaches problems from a good critical point of view and that probably has a lot to do with his background. I think he's a very good role model for a male nurse."

"Now he has more sense of self-fulfillment and derives so much satisfaction from that," said Lee Ann.

Joe's brother, John, concurs. "We want to feel like we can just simply do anything and our personalities will work into it," he said, explaining that law was an awkward fit for his brother, a people person. "So far it's been a real good thing for him. He seems to be a lot happier."

Wife Terri, who always lets Joe take care of the kids when they are sick, said the difference in Joe's personality is striking. "He's just so much happier," she said. "It's like his soul is happier."

"His spirit is being fulfilled," said Steve. "He has such human compassion and as we get older, we begin to realize the important things in life are our interactions with human beings."

Although he admits missing the excitement of "doing a deal and making it work," Joe is adamant that he has no regrets. "There is a great sense of victory in closing that deal, but there's nothing like seeing someone who was in a terrible car accident, and has been on your floor for months, get up and walk out of the hospital," he said. "I'm happier now than I've been in years. I couldn't be more pleased with the way things turned out.

"People always ask me why I gave up practicing law to be a nurse," Joe said. "My best answer is that I view being able to be a nurse as an honor. I don't do this because I have to. I do it because I want to."

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AlumNews

Alumni Associations Present Awards

The Medical College of Georgia's five alumni associations presented awards during MCG's Homecoming celebration April 22-25.

The MCG School of Allied Health Sciences Alumni Association presented its Distinguished Alumnus Award to Jeffrey S. Dowling, a 1989 graduate of the Department of Physical Therapy and manager of sports medicine/rehabilitation for MCG's Center for Sports Medicine. Mr. Dowling joined the MCG faculty in 1990 and earned a master of health education degree from MCG in 1993. He served as assistant director of the MCG Hospital and Clinics Department of Physical Therapy from 1993 to 1997, when he was named to his current position. He is a past president of the School of Allied Health Sciences Alumni Association and a member of the American Physical Therapy Association.

The MCG School of Dentistry Alumni Association presented its Distinguished Alumnus Award to Dr. J. Rodway Mackert Jr., MCG professor of oral rehabilitation and oral biology. He earned his dental degree from MCG in 1976 and a Ph.D. in materials science from the University of Virginia. He joined MCG's faculty in 1976. He is a member of the MCG chapter of Sigma Xi, the scientific research society, and received Excellence in Research Awards from the MCG Graduate Faculty Assembly in 1994, 1995 and 1997. He is a fellow of the Academy of Dental Materials and a member of the International Association for Dental Research.

The MCG School of Graduate Studies Alumni Association presented its Distinguished Alumnus Award to Dr. Brooks A. Keel, Daniel K. Roberts Distinguished Professor of Obstetrics and Gynecology at the University of Kansas-Wichita School of Medicine. Dr. Keel earned a Ph.D. in endocrinology from MCG in 1982. He is president and chief executive officer of The Women's Research Institute at the University of Kansas-Wichita and president and clinical laboratory director of Reproductive Medicine Laboratories. He received the University of Kansas School of Medicine's 1991 Investigator Recognition Award for his research in human infertility

MCG President Francis J. Tedesco (third from right) with Alumni Association Award recipients Dr. Patricia P. Lillis (from left), Dr. Linda A. Ellis, Dr. Gordon Jackson, Jeffrey S. Dowling and Dr. Brooks A. Keel

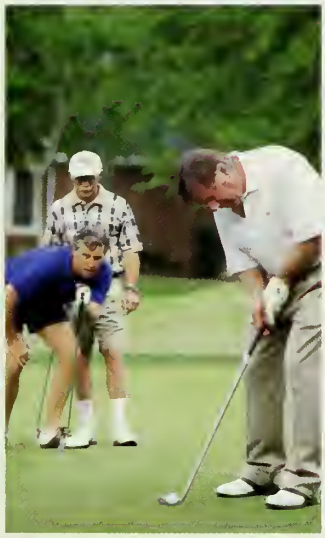
and reproductive medicine.

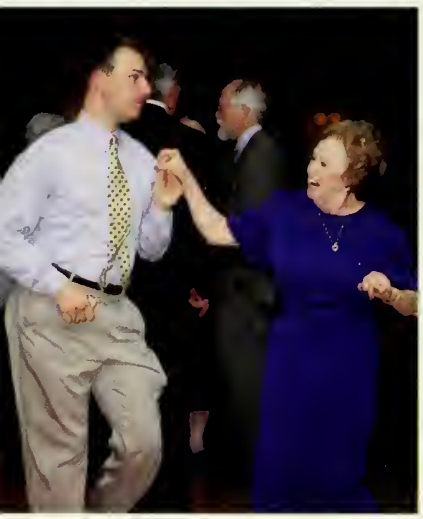
The Alumni Association of the MCG School of Medicine presented its Professional Achievement Award to U.S. Rep. J. Roy Rowland and its Loyalty Award to Dr. Gordon Walker Jackson, both 1952 graduates of the MCG School of Medicine.

Dr. Rowland, a family medicine physician, served three terms in the Georgia House of Representative and has been elected to his fifth term in the U.S. House of Representatives. He serves on the House Democratic Steering and Policy Committee. Rep. Rowland, one of two physicians in Congress, has authored and/or supported legislation involving AIDS, infant mortality, rural health, veteran health, long-term care and other health issues.

Dr. Jackson retired from private practice in 1988 after almost 30 years as an obstetrician/gynecologist in Macon, Ga. Since retiring, he has participated in the American College of Obstetrics/ Gynecology Program of Service to Native Americans, serving in hospitals and health centers in Oklahoma, New Mexico, Montana, Alaska, the

Homecoming 1999 featured a President's Reception, golf tournament, dance, reunion dinners and functions for each of MCG's five schools.





South Pacific and American Samoa. He is a life member and past president of the Alumni Association of the School of Medicine.

The School of Nursing Alumni Association presented its Phoebe Kandel Rohrer Founders Award, named in honor of a former dean, to Dr. Linda A. Ellis and its E. Louise Grant Award, also honoring a former dean, to Dr. Patricia P. Lillis.

Dr. Ellis, associate professor of mental health/psychiatric nursing and project director of the school's distance-learning program, earned bachelor's and master's degrees in nursing from MCG and a doctorate in education from the University of Georgia. She joined the MCG faculty in 1972 and was interim chairman of mental health/psychiatric nursing from 1994 to 1995. She is a past president of the MCG School of Nursing Alumni Association and received the Georgia Nurses Association's 10th District 1998 Spirit of Nursing Award. She received the 1984 MCG School of Nursing Outstanding Faculty Award.

Dr. Lillis, chairman of adult nursing, earned bachelor's, master's and post-master's degrees in nursing and a doctorate in nursing from the University of Alabama at Birmingham. She is a member of Sigma Xi, the scientific research society, Sigma Theta Tau, the international honor society for nursing, and the Oncology Nursing Society. She has served on the board of directors of the American Cancer Society's Georgia Division. The Oncology Nursing Society established the Dr. Patricia Lillis ONS Student Oncology Scholarship Award in her honor.

'Listen to Your Hearts'

Editor's note: Following is the partial text of Georgia Gov. Roy E. Barnes' commencement address delivered to graduates May 8.

This commencement, like so many others that are taking place across this great country of ours, is a time to celebrate the honors being bestowed upon you as well as a time to look at the road that lies ahead. You have passed through the crucible of learning and now, after all of these years, you are ready to practice what has been preached. You have the training, the calling and the desire to make a real difference in the lives of our parents and children.

I may not possess the power to save lives, as you do, but I have made it my business to make sure you have the tools you need to do your job. That is why I have and will continue to talk about the rights of medical professionals to treat their patients to the best of their abilities.

It is clear that we face greater challenges than ever before in meeting our health care needs. But how can we continue to lead the world in new medical discoveries and treatments when so many of our people have no access to that health care? We forget that our patients are not just customers, but real people with real problems. As we evolve into the age of information and technology, many of the time-tested truths about human nature and human health are gathering dust and suffering abandonment. We have found powerful treatments for cancer and AIDS; we have amazed the world with new gene therapies. But we still don't know how two kids in Littleton, Colo., could have exhibited so many of the warning signs, but still no one was able to prevent them from opening fire on their fellow students and teachers.

You have spend the majority of your lives learning how to care for the health of our people–but what about their souls? What good are your degrees and all of the latest medical advances if we make the body well but the soul stays sick?

Our health care system can only work if we practice human care with a human touch. I know that everyone has an answer. Everyone wants to diagnose the problem. Meanwhile, most of us are still wondering: Why?

And so was I. I was until today–until I sat up here and saw all of your inspired young faces ready to go out into the world to make a difference. So let the class of '99 find it in their hearts to grapple with and extinguish the divisiveness and anger that threatens to divide our communities. What has made this nation great is faith in itself and in one another. We have responded and risen to the call of duty. Throughout our history, we have demonstrated a remarkable ability to work out our differences and grow stronger through each crisis that we pass. The ties of family, friendship and fellowship are woven together in a beautiful tapestry which is our history, a history that has made American life the envy of the world–not merely for our wealth and prosperity, but for our individuality and invention.

We have grown strong in spite of our differences and because of our diversity. So today, our success must be determined by something more than a G.P.A. or 401K. Our success today has to do with not just examining, but really looking into the eyes and into the hearts of our children and young adults who will become your patients. Try looking beyond the actual condition to the cause.

The anger tearing at the fabric of our schools today also tears at the core of Europe. Brother against brother. Student against student. The horror of what happened in Littleton, Colo., is now undermining our sense of safety and security throughout our schools, all across our country. The horror of the racial and religious warfare in the Balkans undermines our sense of freedom and democracy. Intolerance is creating its own leaders anew. Prejudice and ignorance, revenge and spite want to justify the use of violence and terror here and abroad.

The typical bystander turns the channel from tragedy to tragedy as if living and dying were some kind of spectator sport. Then you wake up one morning and wonder how it could happen.

But today I have hope. I can feel something astir here. Those of you who stand here today not only stand on the verge of a new century but on the verge of a new opportunity to shape our future. With this degree in your hand, this gift burning in your heart, you have both the idealism of youth and the power of education.

You may hear the chorus of fear that is driving much of our public discourse. But I ask that you instead listen to your hearts, listen to your own sense of what is right and wrong. If you do that, I believe you will hear the calling. You will be more than observers, commentators or bystanders. You will be the solution to the hatred that divides us–because you are the class of '99. A fortuitous but fearless time, a time of great change and greater possibilities. You are the physicians, the nurses, the dentists, the medical experts who will not only care for the body, but look after the soul. I see great things on the horizon for the class of '99.

So as you walk from these halls and classrooms, as you graduate into your new lives of healing and health, may each of you ask yourselves this: Am I working to heal the ailments of the body and the spirit? Am I really listening to the patient, to the student, to the child who goes unheard? And after it is all over, will I be able to truthfully say that I helped make this world a better place?

If you can find the time to reflect, to ask yourselves these questions, you will arrive at new discoveries and realizations that reveal the secret of the human spirit.

Physician Assistant Graduate Receives Beard Award

Toni Baker

Mark A. Daniel, a 1999 graduate of the physician assistant program at the Medical College of Georgia, received the 1999 John F. Beard Award.

Mr. Daniel was cited by his instructors and fellow students for his compassion, integrity, professionalism and deep faith.

The John F. Beard Award was inaugurated last year when William Porter "Billy" Payne announced during his MCG commencement address that he and wife Martha would present the $25,000 award annually to a graduating MCG student who exemplifies caring and compassion in health care.

Mr. Payne, vice chairman of Atlanta-based Premiere Technologies, Inc., and former chairman of the Atlanta Olympic Organizing Committee, established the award to memorialize his father-in-law, who died in 1997.

The award honors MCG President Francis J. Tedesco and Mr. Beard's physician, Dr. Mark F. Williams, a 1988 graduate of the MCG School of Medicine who is now chairman of the Department of Otolaryngology, Head and Neck Surgery at Johns Hopkins Bayview Medical Center in Baltimore. Dr. Williams treated Mr. Beard, who had a malignant tumor in his neck, and Dr. Tedesco visited Mr. Beard twice daily during his lengthy hospitalization.

"The education of bright, dedicated, compassionate health care professionals who will serve this state and this nation is central to the mission of the Medical College of Georgia," Dr. Tedesco said. "Mark is a shining example of a quality mind, coupled with a caring heart and a wonderful spirit, all essential ingredients to true excellence in the health care profession."

In nominating Mr. Daniel, Laura E. Lee, his faculty mentor wrote, "Mark has dedicated his life to serving underserved people and truly cares about humanity. It is quite clear that he has a strong faith in God and it is because of this faith that he is committed to helping his neighbors...whether they are members of the MCG community or villagers in Peru." Ms. Lee is an instructor in the Physician Assistant Department of the MCG School of Allied Health Sciences.

Last summer, Mr. Daniel spent a month in Peru with the Summer Medical Institute, a Christian mission project, where he lived on the Amazon River with a group of health care professionals and students and treated patients in villages along the river. He spent summer 1996 telling residents of government housing communities about the Summer Medical Institute's new Center for Community Health. During his visits, he also took brief medical histories and checked blood pressures. This summer he will serve as project director of a Summer Medical Institute trip to Venezuela to help treat people forced to leave their homes because of natural disasters. He'll lead a team of more than 60 students from five medical schools; about half of his teammates will be students from the MCG Schools of Medicine and Nursing.

On the MCG campus, Mr. Daniel has been a giver as well. "At school, on many occasions, I witnessed him taking time away from his studies to counsel with someone going through personal struggles, to listen to another person's problems when all of our classmates were cramming for tests," wrote classmate John Douglas Enyeart in a letter of support. "He also spent time helping others with their studies when they (myself included) were having difficulties."

Mr. Daniel, who is from LaGrange, Ga., earned a bachelor of science degree in biology from Georgia Southern University in 1995. He graduates from MCG with a bachelor of science in physician assistant.

Class Notes

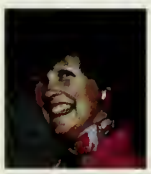
School of Allied Health Sciences

Muriel Herrera Adams (M.R.A., '69), Arlington, Va., stepped down after a four-year rotation as chairman of the Allied Health Department at Prince George's Community College. She will continue as director of the health information technology program.

Lori S. LaFrance (P.T., '94), Bristol, R.I., is a pediatric physical therapist at Hasbro Children Hospital in Providence, R.I. She and husband Curt (School of Medicine, '95) had their first child, Will, on March 27, 1998.

School of Graduate Studies

Carolyn R. Martel (Medical Illustration, '68), Oklahoma City, has worked in medical media since graduation. She earned an M.P.H. in environmental health in 1986 and has published several illustration and photos over the years, including photos of the Oklahoma City bombing. She also has published poetry. Two pieces of jewelry she cast have been in the Dallas Museum of Art and the Oklahoma City Art Museum. The Association of Medical Illustration meeting will be in Atlanta this summer, and she looks forward to visiting MCG and Augusta. She hopes to see many classmates and friends.



Elaine J. Ilanach Huggins (M.S.N., '88) trained in quality assurance and risk management in home care at the Visiting Nurses of Pomona/San Bernadino, Calif., after retiring from the U.S. Army Nurse Corp. in 1992 after 20 years of service. She took a sabbatical to the Outback of South Australia in 1996. Her research interests are spirituality in organizations, cross-cultural health care and medical care in isolated and remote areas. She married in 1991 and has three children: Phoebe Marie, 7; Chloe Anne, 6; and their "Aussie surprise," Michael Henry Jr., 2.

School of Medicine

Dr. William H. Houston ('47), Jacksonville, Fla., has been married 55 years to Lynelle Hooks Houston of Swainsboro, Ga. They have a daughter with an M.S. degree and two sons, both M.D.s. He attended a School of Medicine class of '47 interim reunion in Savannah March 19-21 hosted by Sonny and Dena Bodziner. The group toured historic Savannah and Hilton Head Island, S.C., March 20, followed by dinner at the famous Johnny Harris restaurant. The reunion concluded with a Sunday breakfast. Attendees included class president C.K. Richards and class vice president C.E. Wills.

Dr. I. Gene Schwarz ('60), Golden, Colo., is semi-retired from psychiatry and psychoanalysis and is still active in teaching and consultation. Wife Joan is very active in environmental organization. Their three children are grown and married, or almost, and they have one grandchild, all living in the Colorado Rockies.

Dr. Barrett F. Rosen ('68), Nashville, Tenn., is president-elect of the Tennessee Medical Association.

Dr. Joel C. Pittard ('72), Auburn, Ala., practices obstetrics and gynecology at the Naval Regional Medical Center in Oakland, Calif., and is serving as president of the Medical Association of Alabama for 1998-99.

Dr. Vendie H. Hooks III ('74) practices colon and rectal surgery in Augusta. He is serving on the American Board of Colon and Rectal Surgery through the year 2002. Dr. Hooks is president of the University Hospital medical staff and has been appointed to the Richmond County Hospital Authority for a four-year term. After completing his medical education and residency at MCG, Dr. Hooks completed a fellowship in gastrointestinal surgery at the University of Leeds in Leeds, England, and in colon and rectal surgery at the University of Minnesota Hospital and Clinics.

Dr. Arthur C. Fleischer ('76), Nashville, Tenn., practices radiology at Vanderbilt University Medical Center and was named the 1999 Fry Memorial Lecturer for the American Institute of Ultrasound in Medicine for his contributions to advancing ultrasound in medicine.

Dr. Frank L. Carter ('87), Waynesboro, Ga., has been inducted into the MCG chapter of Alpha Omega Alpha Honor Medical Society. The University System of Georgia Board of Regents approved his MCG appointment as clinical professor in the Department of Family Medicine, effective April 1. Dr. Carter, a Waynesboro resident since January 1993, is a practicing physician specializing in family medicine and ob-gyn at Medical Associates of Waynesboro and the Burke County Hospital.

Dr. John T. Norman ('90), Dalton, Ga., has been inducted as a fellow of the American Academy of Orthopaedic Surgeons. The academy is the largest medical association for musculoskeletal specialists. Its members are certified by the American Board of Orthopaedic Surgery.

Dr. Leslie Cohen Gray ('92) and her husband, Glenn, proudly announce the birth of their daughter, Emily Elizabeth, on March 6, 1999. They also have a 3-year-old son, Jack Alexander. Dr. Gray finished her dermatology residency at MCG and practices in the metro Atlanta area.

Drs. Diane P. Kowalsi and **Philip M. Meeks** ('94), Wethersfield, Conn., were married in March 1995. They enjoy snow skiing and mountain biking. Diane is completing residency training in pathology and laboratory medicine from Hartford Hospital in Hartford, Conn., and plans fellowship training in cytopathology. Philip completed a fellowship in cardiothoracic anesthesiology from Yale University this June and will be on staff at Hartford Hospital in July.

Dr. W. Curt LeFrance Jr. ('95), Bristol, R.I., completed a combined neurology and psychiatry residency at Brown University in Providence, R.I. His son, William Curt Phillip LeFrance III, was born March 27, 1998.

Dr. Roger A. Ray, who completed a neurology residency at MCG, has been named vice president and chief medical officer of Anderson Area Medical Center. He continues, on a limited basis, his practice at Anderson Neurological Associates. His main duty at Anderson is to serve as the liaison between the medical center and the medical staff. He also oversees clinical performance measurement and quality improvement programs.

School of Nursing

Laura Blankenship Strange ('74), Dunwoody, Ga., is assistant professor of nursing at Emory University and project manager of a National Institutes of Health-funded study on second-stage labor. She and her husband, Jim Strange, have a son, Adam, 13, and a daughter, Leslie, 16.

We're All Ears

Alumni, please take a moment to let us hear from you. Your former classmates would love to know what you're up to, personally, professionally or both. Just jot down a few lines about your life (include graduation year and degree) and send to:

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Faculty Awards Presented

The Medical College of Georgia School of Allied Health Sciences has presented its Outstanding Clinical Faculty Member Award to Jean Yoder. Dr. Bonnie A. Dadig was awarded the school's Distinguished Service Award and Dr. Arthur Taft, the Outstanding Faculty Research Award.

Ms. Yoder is technical director for the MCG Hospital and Clinics Department of Radiology. She received a B.S. degree in radiologic technology from MCG and has been on the staff of the hospital and clinics for 20 years.

"Ms. Yoder has made exemplary contributions to the clinical education of students and practitioners in the Nuclear Medicine Technology Program, the Department of Radiologic Sciences, the School of Allied Health Sciences, MCG and the community," said Dr. Gregory Passmore of the Department of Radiologic Sciences. "Ms. Yoder has effectively guided students to ensure that they experience a learning environment that includes the most current technical information available."

Dr. Dadig joined the MCG faculty in 1984 as chairman of the Physician Assistant Department. She received bachelor's and master's degrees from the Pediatric Physician Assistant program at the University of Colorado and her doctor of education degree from the University of Georgia.

Dr. Taft is an associate professor in the Department of Respiratory Therapy and director of clinical education. He received a bachelor's degree from the University of Texas, a master's degree from Armstrong State College and a Ph.D. in physiology from MCG. He earned his registered respiratory technologist credentials from the University of Chicago. He joined the MCG faculty in 1985.

Ms. Skarsaune Receives Award

The Medical College of Georgia Department of Physical Therapy has awarded its first Bella J. May Achievement Award to Angie Dickerson Skarsaune. The award recognizes outstanding academic and clinical performance by an MCG physical therapy student.

Ms. Skarsaune, the daughter of Ray and Amy Dickerson of Elberton, Ga., is from Danielsville, Ga., and graduated from MCG in December 1998 with a master's degree in physical therapy. She was among the department's first class of master's-degree students.

The award honors Dr. Bella J. May, who founded MCG's Department of Physical Therapy and served as its chairman from 1970 to 1984.

Dr. Bella J. May presents award to Angie Dickerson Skarsaune

OTs Maximize Quality of Life

Christine Hurley Deriso

Heather Hill recalls the moment that she realized how she wanted to spend her life.

She was volunteering in a rehabilitation center and saw an occupational therapist gleefully blowing bubbles with a young patient. The child was having a ball; only the occupational therapist knew that the patient was also improving her manual dexterity and eye-hand coordination. Heather was intrigued by the concept of helping someone improve the skills needed to live each day to the fullest—particularly if the patient is a little girl who thinks she's just having fun.

"I thought, 'This is it. This is what I want to do,'" said Heather, a junior in the Medical College of Georgia Department of Occupational Therapy.

Dr. Kathy Bradley was hooked, too—albeit a few years earlier than Heather. "Occupational therapy has been very good to me," said Dr. Bradley, chairman of the MCG Department of Occupational Therapy. "This is a very exciting, rewarding field. Being able to help someone to regain independence or adapt to a permanent disability with dignity—I don't think you can measure how satisfying that is."

Occupational therapists are part of a team, including physical therapists and speech therapists, that helps patients adapt to or overcome physical and emotional limitations caused by illness or injury. "The focus of occupational therapy is on the functional outcome," Dr. Bradley said. "We collaborate with the individual to determine what skills are needed to perform everyday activities. Is the patient a mother? A caregiver? A career person? Their individual lifestyles are our guide to returning them to their highest levels of independence."

Occupational therapists may work in hospitals, clinics, rehabilitation centers—even corporations. "The practice setting is very diverse," said Dr. Bradley. "If an occupational therapist changes a practice setting, it can be almost like changing careers, because the challenges are so varied. Even though there is variety, there is a core of knowledge OTs possess which enables them to work in all of these settings."

The patient population is just as diverse. For instance, an occupational therapist might work with a child with cerebral palsy, a young adult overcoming a debilitating automobile accident or an elderly person recovering from a stroke.

MCG's bachelor's-degree program accepts 54 students a year, including 10 on its Columbus State University campus. The students complete their first two years of college at an accredited college or university, then transfer to MCG as a junior. The program takes two years to complete.

"The faculty is very student-centered," said Heather. "They're really concerned about us getting the best education, and the classes are small, so there's a lot of individual attention."

MCG's program looks for students who are caring, people-oriented and highly motivated. "Occupational therapists have a problem-solving approach to challenges," Dr. Bradley said.

Patience is also vital, Heather said, "because occupational therapists don't always see results immediately. You have to have the patience to hang in there and establish a rapport with the patient so he will be motivated to get better." Indeed, the close relationship formed with patients is one of the most satisfying aspects of the career, Dr. Bradley said.

For more information about MCG's occupational therapy program, contact the department at (706) 721-3641 or the MCG Office of Academic Admissions at (706) 721-2725.

Ms. Sirmans Dies

Juanita Sirmans, Professor Emerita in the Medical College of Georgia Department of Health Information Management, died Feb. 3 at MCG Hospital and Clinics.

Ms. Sirmans joined MCG in 1944 as secretary to Dr. Edgar Pund, pathologist and later president of MCG. She later became executive secretary to Dr. Rufus Payne, administrator of Talmadge Memorial Hospital. Ms. Sirmans attended the U.S. Public Health Service Hospital School for Medical Record Librarians and returned to MCG in 1957. The Medical Record Administration Program (now Health Information Management) was launched in 1962 with Ms. Sirmans as director. She retired from MCG Dec. 31, 1979.

Ms. Duvall Honored

Bobbie Duvall, supervisor of the Medical College of Georgia Hospital and Clinics Clinical Biochemistry Laboratory, was named Outstanding Medical Technology Alumnus of the Year during an April 23 homecoming luncheon.

Ms. Duvall joined the MCG staff in 1965 as a hematologist after earning her bachelor of science degree in medical technology from the University of Georgia. She spent her senior academic year at MCG. She is a member of the American Society of Clinical Pathologists and the American Association for Clinical Chemistry.

The School of Allied Health Sciences Alumni Association also presented student scholarships during the luncheon. Recipients are Brian Edalgo and Deirdre Walusis, respiratory therapy; Charles Bean and Tracy Davis, physician assistant; and Valerie Koehler, dental hygiene.

Internet Course Offers HIV Information

Christine Hurley Deriso

The Medical College of Georgia and an Atlanta dental clinic have tapped into the Internet to help health care providers become more knowledgeable about HIV-infected patients.

Dr. David Reznik directs a non-profit Atlanta dental clinic run by Grady Health Systems (see *Dentists Open Doors to HIV-Infected Patients*) that treats patients infected with HIV, the virus that leads to AIDS. He has developed a website, www.HIVdent.org, to disseminate information about this patient population to dentists, dental hygienists, physicians and other health care professionals. MCG has piggybacked onto his effort by developing an Internet course for health care professionals on the website.

The course, directed by Dr. Joseph Konzelman, associate professor of oral diagnosis and patient service in the MCG School of Dentistry, describes lesions in the mouth that can result from HIV infection. These lesions are sometimes an initial symptom of the disease; indeed, dentists are often the first to suspect the patient's infection.

The course, titled "Oral Manifestations of HIV Infection," includes photographs of HIV-associated mouth lesions, offering guidance about how to diagnose and treat them. The material also helps health care providers differentiate between the mouth problems of healthy and HIV-infected patients. "Oral manifestations in [patients with compromised immune systems] tend to be more aggressive than in healthy patients," Dr. Konzelman said. "Oral lesions can assume a different appearance than in a patient with a healthy immune system."

Dr. Joseph Konzelman

Health care professionals can study the website course, then take a test over the Internet to ensure they have mastered the subject matter. By paying a $15 fee to the MCG Division of Continuing Education and passing the test, they earn continuing-education credit, which many health care professionals are required to accumulate throughout their careers.

"They need only a computer to complete the course," Dr. Konzelman said. "We think this method of continuing education will appeal to those required to have extra training in infectious diseases."

And continuing-education credit notwithstanding, the course material is of vital importance, Dr. Konzelman said. "Some oral conditions of HIV-infected patients have a significant adverse effect on quality of life," Dr. Konzelman said. "This course should increase awareness of these conditions, which can have disastrous consequences if left untreated."

For instance, some mouth lesions affect other parts of the body if left untreated, resulting in conditions such as blindness and even death.

The information is particularly helpful for health care providers who earned their degrees before HIV-related information was included in the curriculum, Dr. Konzelman said. "The website helps alleviate the fear factor," said Dr. Reznik, one of many dentists whose dental education predated the AIDS epidemic.

Feedback regarding the website course has been "very enthusiastic," Dr. Konzelman said, noting that participants will be provided relevant journal articles and information about other continuing-education courses in the field.

To access the course, visit the website (www.HIVdent.org) and click on *Continuing Education Program for both Dental and Medical Professionals* in the table of contents.

Dentists Open Doors to HIV-Infected Patients

Christine Hurley Deriso

So who says a trip to the dentist can't be fun?

Step into the mid-town Atlanta dental clinic staffed by Drs. David Reznik, Judith Rosenquist and Mike Wimpy, and prepare to lighten up. Posters of Diana Ross (Dr. Reznik's favorite singer) decorate the walls and music fills the air. The staff has a spring in its step, singing along with the music and cheerfully chatting with the patients they've come to know so well. They're busy but relaxed, thoroughly professional but infectiously lighthearted. There's no stress here; heaven knows their patients already have more than their share of that.

The clinic's mouthful of a name—Grady Health System Infectious Diseases Program Oral Health Center—translates into the most basic mission of a dedicated health care provider: reaching out to those most in need. The clinic's patients come from all walks of life but have one thing in common: they're all infected with HIV, the virus that causes AIDS.

The five-year-old clinic, directed by Dr. Reznik and run by Grady Health System, recently doubled in size and serves about 50 patients a day. It is largely funded by a grant for indigent patients named in honor of Ryan White, a child who died of AIDS and became the prevailing human face of a patient population that society has so stubbornly tried to render faceless.

Drs. Reznik, Rosenquist and Wimpy know all their patients' faces. "We get to know them as intimately as a health care provider can know a patient," Dr. Rosenquist said. And they know that, despite the stereotype, their patients don't necessarily have much in common except their disease.

"This is a cross-section of the general population—not its own population," said Dr. Wimpy, a 1982 graduate of the MCG School of Dentistry. The clinic's patients could be, and are, the loved ones, neighbors and colleagues of average Americans. And they need help.

"Many of our patients say if they couldn't get dental treatment here, they couldn't get it," said Dr. Wimpy.

Dr. Rosenquist, a 1977 MCG School of Dentistry graduate, concurs. "Some of our patients are willing to commute great distances, often because no other treatment is available or their community doesn't make them feel welcome for care," she said.

Society, she noted, pays a huge price for such stigmatization. HIV-infected patients driven underground by intolerance often delay or forgo needed treatment, with potentially disastrous consequences. Oral problems common to HIV-infected or otherwise immune-compromised patients, such as Kaposi's sarcoma, ulcers, thrush and periodontal disease, become progressively debilitating if left untreated. Some untreated oral conditions may become systemic, often necessitating a trip to the nearest emergency room. Preemptive measures, such as routine dental care, are eminently more humane, efficacious and cost-effective, the staff insists.

Cost-effectiveness is vital. Because of costly treatment and diminished earning power, "many HIV-infected patients end up poor," Dr. Rosenquist said. In those cases, the public picks up the tab of hospitalization and other forms of intensive care. Refined medications have transformed HIV infection from a rapidly fatal disease to chronic one, and routine, preventive health care often staves off costly complications.

Good dental treatment also provides an emotional lift, said Dr. Rosenquist, noting that many oral conditions common to HIV-infected patients can affect their appearance. "If you don't look good, you can't feel good," she said. "We do all we can to help patients return to good oral health, which enhances good emotional health. We say, 'Let us work with you to get your mouth healthy so you can feel good about yourself and concentrate all your efforts on staying well.'"

The staff continually consults with onsite Grady physicians and health care providers to coordinate care and ensure comprehensive treatment. "Dental health often suggests overall health," Dr. Rosenquist said, "so increased oral complications may indicate worsened health." HIV-infected patients also may have oral side effects from their medication, such as dry mouth, which can hasten tooth decay.

But although immune-compromised patients tend to have more pervasive and persistent dental problems than others, the dentists say their treatment differs little from that of the general population. "There's virtually nothing unique to treating HIV-infected patients, but this is a chronically ill population," Dr.

Drs. Judith Rosenquist and Mike Wimpy

Rosenquist said. "Anyone can get mouth ulcers, for instance, but we're apt to see more of it."

Drs. Rosenquist and Wimpy say their MCG education prepared them well for such challenges. "MCG is fantastic. I've known graduates of many, many dental schools, and I'm confident MCG gave me one of the best foundations," said Dr. Rosenquist. "I didn't just learn how to fix teeth. I learned about teeth and the underlying biology so that, regardless of the patient's circumstances, I'm prepared."

Dr. Wimpy agrees. "The underlying scientific foundation we learned makes it easy to understand clinical techniques, no matter how the technology changes."

Before joining the clinic three years ago, Dr. Rosenquist worked in academia, helping develop universal dental precautions to protect both health care providers and their patients from potential infection. These precautions, including wearing gloves when treating patients, are extremely effective, she said. "Am I more concerned [for my health] working here than I would be if I were working in a private practice? No," she said.

Indeed, she said, such precautions should have been used even before the AIDS epidemic; hepatitis, for instance, is much more easily transmitted than HIV.

Serving a largely indigent population is always financially precarious, and Dr. Reznik spends a lot of time soliciting grant money and other funding sources. But the staff, including three dedicated dental hygienists, insist their service is a labor of love. And they don't hesitate to form deep friendships, despite the possibility of a patient's untimely death. "To lose a patient is like losing a little of yourself," Dr. Rosenquist said. "Yes, they all have a disease that might be fatal. But if we're breathing, we're all facing death."

In addition to the clinic, the staff works to enhance the care of HIV-positive patients in other ways. For instance, last summer, the clinic began hosting MCG dental students for a clinical experience working with HIV patients.

Also, Dr. Reznik has developed a website (www.HIVdent.org) to disseminate HIV-related information to dentists and other health care professionals. Health care providers nationwide contribute their expertise. "That's why our site is so comprehensive," Dr. Reznik said. "It's a totally encompassing website."

"I don't know of any other website that contains as much information on HIV disease," said Dr. Joseph Konzelman, associate professor of oral diagnosis and patient service at the MCG School of Dentistry who developed a continuing-education course for the website.

Dr. Reznik notes that the information is particularly helpful for health care professionals whose training predated the AIDS epidemic. "When I was in school, we didn't learn about HIV disease," he said. "This helps eliminate the fear factor."

Upcoming Continuing Education Courses

Editor's note: The Medical College of Georgia School of Dentistry will sponsor the following 1999 continuing education courses.

- *14th Annual Symposium on General Dentistry,* July 4-10, King and Prince Beach Resort, St. Simons Island, Ga.
- *17th Annual Dental Hygiene Symposium,* July 16-18, Savannah Marriott Riverfront, Savannah, Ga.
- *23rd Annual Participation Course on Clinical Anatomy of the Head and Neck,* July 30-Aug. 2, MCG
- *14th Annual Specialize Your General Dentistry,* Sept. 3-6, Jekyll Island Inn, Jekyll Island, Ga.
- *Porcelain Veneers, Provisional Restorations, Indirect Tooth Color Restorations, Smile Analysis and Intra-Oral Cameras* (participation course), Sept. 23-26, Swissotel, Atlanta
- *Dental Update for the General Practitioner: Nutrition, Periodontics, Radiology,* Oct. 22- 24, Brasstown Valley Resort, Young Harris, Ga.
- *Treatment Techniques for Fixed-Restorative Patients in General Dentistry,* Nov. 4-7, Atlanta Marriott Gwinnett Place
- *The Wilmer B. Eames Distinguished Lecture Series,* Nov. 13-14, Atlanta Marriott Gwinnett Place
- *Last Chance Continuing Dental Education,* Dec. 9-10, MCG
- *Oral Health Care of Patients with HIV Disease,* online correspondence

Dr. Walker Named to Board

Christine Hurley Deriso

Dr. Willis James Walker Jr. ('75) has been appointed to the Georgia Board of Dentistry.

The board monitors dental activities in Georgia and evaluates applications for dental licenses in the state. Dr. Walker, who has practiced dentistry in Augusta for 23 years, is the fourth African American to serve on the board. Former Gov. Zell Miller cited Dr. Walker's "invaluable experience" when inviting him to serve on the board.

Dr. Walker has served on the faculty of the Medical College of Georgia School of Dentistry, the faculty of A.R. Johnson Health Science and Engineering Magnet High School and the dental staff for Georgia's juvenile justice system. He facilitated the McRae-Orrington Endowed Scholarship for MCG dental students, named in honor of Drs. Matthew McRae and James Orrington, the first two African American graduates of the MCG School of Dentistry.

Dr. Walker is a life member of Omega Psi Phi Fraternity and past president of the Stoney Medical, Dental and Pharmaceutical Society. Dr. Walker is a fellow of the American College of Dentistry, Federation Dentaire International, the Academy of General Dentistry, the International Academy of Dentistry and Omicron Kappa Upsilon Dental Fraternity. He serves on the Paine College Board of Trustees.

3 Programs Included in Magazine Ranking

Deborah G. Steele

Drs. Fred Lupien (from left), Jan Perry and Vickie Lambert hold magazine lauding their programs

Three Medical College of Georgia graduate programs have been ranked in *U.S. News & World Report's* annual edition of the Best Graduate Schools.

The MCG School of Nursing graduate program was ranked 48th in the nation by the news magazine. The nurse anesthetist program ranked sixth for the second year and MCG's master of physical therapy program was ranked 23rd in the nation.

"This is a vote of confidence from the national arena," said Dr. Vickie Lambert, dean of the School of Nursing since 1990. "It says we are doing things correctly here and being innovative and realistic."

"The physical therapy program at MCG has a long history with a strong reputation, especially in educational innovation and producing graduates who are strong problem solvers," said Dr. Jan Perry, chairman of physical therapy. "We have always felt that MCG was one of the leaders in P.T. education and it is nice to see that reflected in this ranking. In this day of schools competing for applicants, the ranking will surely be an asset in our student recruitment."

Dr. Fred Lupien, coordinator of the nurse anesthesia program, said the ranking "reflects the program's very talented faculty and students. We have worked very diligently to design and implement a world-class program."

The nurse anesthetist program began in 1995 when the Board of Regents approached the School of Nursing about starting the program. State and federal funding, coupled with state-of-the-art technology, has propelled the program into national recognition.

Dr. Lambert said the quality of students in that program, as well as the program resources, distinguish the program. "We could not have put together that strong a program without the state's help and MCG's involvement," she said, noting MCG was the first school of nursing in the country to have a human patient simulator which enables students to practice giving anesthesia to a computer-programmed mannequin that responds as a human would.

Data which *U.S. News & World Report* uses when ranking the best graduate schools in the nation include academic reputation, retention of students and faculty and financial resources.

"Our faculty are well-known for their research and education and publications," said Dr. Lambert. "The retention rate in both our undergraduate and graduate programs is around 95 percent, and in-state tuition is really reasonable so students can pick a high-powered health sciences university."

Dr. Lambert said the size of MCG also is an asset. "We aren't functioning in isolation," she said, adding that student-teacher ratio is relatively low. "This is not a real large university."

"We have a strong faculty who are committed to students and their education," said Dr. Perry of the physical therapy program. "The faculty that we have are by far our greatest asset. And they allow us to recruit students who become our greatest supporters. We are pleased about this ranking and the public acknowledgment from our peers."

Dr. Lupien added, "It is an honor to be recognized nationally for our achievements."

Dr. Moshe J. Sadofsky

Designer DNA Sheds Light on Disease

Toni Baker

A Medical College of Georgia researcher is studying the flexibility that enables the immune system to wage war against new and old diseases.

That flexibility makes the immune system the only place in the body that designs its own DNA; as diseases attack, the immune system cuts and pastes pieces of its own DNA together until it finds a combination that thwarts the invader, said Dr. Moshe J. Sadofsky, a geneticist in the MCG Institute of Molecular Medicine and Genetics.

"If your immune system is limited to responses that you are born with, it could never keep up with diseases which are changing so fast," said Dr. Sadofsky, who has received a five-year, $350,000 Career Development Award from the Leukemia Society of America for his research. "If a brand-new version of the flu comes out and you are not equipped to deal with it because it's new, you will die unless you are able to adapt within a matter of days to something new in the environment."

But the flexibility has a potentially huge tradeoff for children: about half of childhood leukemia occurs because the system makes a mistake. During cutting and pasting, an oncogene, which is responsible for cell growth and proliferation, is mistakenly pulled into the process, activating a gene that should never have been turned on.

Environmental factors and normal childhood disease may trigger this system's malfunction. The potentially lethal result is called translocation because the growth gene is not where it should be.

"The important thing about normal white blood cells is that when their job is done, they know how to stop growing," Dr. Sadofsky said. "They finish their job, they fight off their infection and then go back to being quiet. Leukemia cells never get that signal. They have lost the brakes. Your body turns into a factory for making more and more of these cells at the expense of everything else."

Normally the immune system recognizes an invader, then responds by putting together different combinations of pieces of genes. One of these, called immunoglobulin heavy chain locus, has gene segments in three clusters: the V region offers some 1,000 ways to begin the antibody molecule; the middle D region has about a dozen options; and the final J region offers about a half-dozen choices. Any potential combination is OK but the question is whether the resulting antibody works against the disease, Dr. Sadofsky said. Desirable combinations are selected and others are discarded. This VDJ recombination operates throughout life, although it's probably most active in childhood when the immune system is building.

Dr. Sadofsky is studying the biochemistry of this normal cutting and pasting of DNA. He's focusing on two proteins, RAG1 and RAG2, which recognize the right places in the DNA to make cuts and then makes those cuts. These proteins also hold onto the cut pieces of DNA and help rearrange the new order of the DNA. When it works correctly, the new combination of DNA helps the immune system respond to whatever is attacking the body.

"You have to know how it works correctly to see what might go wrong," Dr. Sadofsky said. He wants to know how RAG1 and RAG2 recognize the proper place to cut the DNA, then carry out the rest of the process. Translocation may occur if the DNA is cut without the next step—pasting—being completed. "If there is a reaction that gets started correctly but doesn't get finished correctly, you may have broken chromosome ends that might end up joined to another chromosome by mistake," he said. "Cutting and pasting DNA is potentially dangerous. But you have to take that risk in order to have a functioning immune system."

Researchers Share Notes During Symposium

Christine Hurley Deriso

University System of Georgia researchers met in Augusta March 22-23 to discuss their initiatives in cancer, stroke, diabetes and developmental disorders.

The Medical College of Georgia hosted the meeting—the 1999 University System of Georgia Research Symposium—and several of its faculty members shared their research findings. The meeting enabled researchers to share notes and brainstorm about major health care challenges in Georgia and to promote research collaboration within and outside of the university system.

University system students were invited to display poster presentations of their research during the symposium, and a faculty panel awarded $400 prizes to 10 participants. The MCG award recipients are Jason R. Jessen, Ramamohana R. Jonnala, Krishna G. Patel and David Woodrum.

Brain Surgery Spurs Curious Immune Response

Toni Baker

The immune system responds dramatically to brain surgery, according to researchers at the Medical College of Georgia, and that response varies depending on the side of the brain involved.

Surgery on the side where language originates produces a dramatic, temporary reduction of the body's infection-fighting T-cells while surgery on the non-dominant side increases immune response, according to MCG research published in the April issue of *Neurology.*

"It's a new window on how the brain and the immune system interact," said Dr. Kimford J. Meador, chief of the Medical College of Georgia Section of Behavioral Neurology and principal study investigator. That window may shed light on why people with long-term stress have higher infection rates and increased risk of cancer and other diseases. It also provides another clue to the brain's role in modulating the immune system and shows that role varies depending on the side of the brain involved.

In the study, components of the immune system response, such as T-cell levels, were measured in blood samples taken from 11 adults before and after neurosurgery for intractable epilepsy. As part of the surgery evaluation, the side of the brain controlling language also was determined. As is found in the general population, most patients had language dominance on the left side and were right-handed.

T-cells of patients with surgery on their language-dominant side decreased by about one-third in the days following surgery while T-cells of those with surgery on their non-dominant side increased. The overall white blood cell count of all patients predictably increased because of the stress of the operation, Dr. Meador said. It was when individual components of the immune system were analyzed that differences were found, he said.

The findings don't appear clinically significant to these patients, none of whom experienced postoperative infections, Dr. Meador said. "We know that it's safe to do these surgeries," he said. He suspects that the change in these patients, while dramatic, is temporary. However, differences in infection rates of patients who experienced left vs. right brain strokes have been documented, so the findings may be significant in other patient populations, he said.

It is unclear how surgery on different sides of the brain affects the immune system, but it seems certain that communication exists and that the immune system communicates directly with the brain, he said.

"In this regard, the immune system may act in a sensory capacity for the brain by detecting and transmitting the effects of environmental stimuli such as infectious agents or allergens, which are not perceivable by other sensory organs," Dr. Meador writes in the *Neurology* article.

"We are only beginning to comprehend the nature of the pathways connecting the brain and the immune system and the differential roles of the left and right brain in this interaction. An improved understanding of these mechanisms could profoundly affect our concepts of physiology and, ultimately, the practice of medicine."

Dr. Bond Named Associate Dean for Admissions

Toni Baker

Dr. Gary C. Bond, associate dean for the Medical College of Georgia School of Graduate Studies and chairman of the MCG School of Medicine Admissions Committee, has been named associate dean for admissions for the medical school.

"Dr. Bond has done a superb job as chair of the Admissions Committee since July 1, 1998 and has many years of experience in the multifaceted admissions process," Dr. Ruth-Marie Fincher, vice dean for academic affairs for the MCG School of Medicine, said in announcing his appointment. "He is a highly regarded educator, acclaimed for his teaching in medical school, graduate school and in the [Summer Educational Enrichment Program] courses," she said.

"We are truly fortunate that Dr. Bond has agreed to assume

this critically important position in the School of Medicine," said Dr. Darrell G. Kirch, dean, MCG Schools of Medicine and Graduate Studies. "Not only does he bring to the job exceptional knowledge and experience regarding admissions, his warmth and superb communication skills will make him a great ambassador for our school."

Dr. Bond served on the School of Medicine Admissions Committee from 1986 to 1989 and from 1992 to 1995. He began his current term in 1998. He is a member of MCG's Minority Student Recruitment Committee, minority advisor for the School of Graduate Studies and served as minority recruitment coordinator for graduate studies from 1986 to 1994. He directed a physiology course for SEEP students at MCG from 1984 to 1995.

Dr. Bond, an associate professor of physiology and endocrinology, has served as associate dean of graduate studies since 1994 and he will continue those responsibilities. He is MCG's representative to the Council of Graduate Schools, the Council of Southern Graduate Schools and the Graduate Research, Education and Training Group of the Association of American Medical Colleges.

Dr. Mayes Honored by MAG

The Medical Association of Georgia has presented its 1999 Distinguished Service Award to Dr. Alva L. Mayes Jr. ('56), a Macon, Ga., pediatrician.

Dr. Mayes "has made a strong commitment to organized medicine, working tirelessly for the patients of Georgia, and he articulates well the role MAG plays in the professional lives of physicians in Georgia," according to MAG.

Dr. Mayes is a past MAG president and chairs the association's Council on Legislation, which includes a seat on the MAG Executive Committee and Board of Directors. As 1995-96 MAG president, Dr. Mayes lobbied for Georgia Legislature passage of the Patient Protection Act of 1996, defining essential patient rights in an era of managed care, and the Drive-By Delivery Bill, requiring insurers to cover 48-hour hospitalization for mothers and newborns. The Georgia House of Representatives presented a resolution honoring his outstanding leadership.

Dr. Mayes is a past president of the Bibb County Medical Society, which named him the 1992 Physician of the Year. He has served as chairman of pediatrics at the Medical Center of Central Georgia, vice chairman of the MedCen Board of Directors, chairman of the administrative board of Vineville Methodist Church and school physician for Tattnall Sqaure Academy.

He and wife Dora have five children and nine grandchildren.

Upcoming Continuing Education Courses

Editor's note: The Medical College of Georgia School of Medicine will sponsor the following 1999 continuing education courses.

- 3rd Annual Summer Transplant Symposium, June 18-20, King and Prince Beach Resort, St. Simons Island, Ga.
- 30th Annual Internal Medicine Symposium, June 28-July 3, The Cloister, Sea Island, Ga.
- 19th Annual Obstetrics and Gynecology, July 12-15, The Cloister, Sea Island, Ga.
- 22nd Annual Pediatric Update, July 26-29, King and Prince Beach Resort, St. Simons Island, Ga.
- 3rd Annual Medical and Surgical Approaches to GI Disorders, July 26-30, The Cloister, Sea Island, Ga.
- 9th Annual Neurology for the Non-Neurologist, Aug. 12-14, The Cloister, Sea Island, Ga.
- 21st Annual Critical Care Medicine, Aug. 15-20, The Cloister, Sea Island, Ga.
- 9th Annual Sleep Disorders, Aug. 20-24, The Cloister, Sea Island, Ga.
- Update in Diabetes Mellitus, Aug. 25-27, The Cloister, Sea Island, Ga.
- Georgia Statewide Telemedicine Conference, Sept. 1-3, Savannah Marriott Riverfront, Savannah, Ga.
- 23rd Annual Neonatology — The Sick Newborn, Oct. 6-8, Radisson Riverfront Hotel, Augusta
- Pediatric Advanced Life Support — Instructor Course, Oct. 7-8, MCG
- 6th Annual Management of the Difficult Neurological Patient, Oct. 21-23, Grand Hyatt, Atlanta
- 6th Annual Primary Care Issues in Endocrine, Renal and Metabolic Disease, Oct. 22-24, Brasstown Valley Resort, Young Harris, Ga.
- Cardiology in the Garden of Good and Evil, October 1999, to be announced
- Neurology for the Non-Neurologist, Nov. 18-20, Atlanta

Dr. Thigpen Dies at 80

Dr. Corbett Hilsman Thigpen, a Medical College of Georgia alumnus, longtime faculty member and co-author of the best-selling book, *The Three Faces of Eve,* died March 19 at age 80.

Dr. Thigpen, who graduated from the MCG School of Medicine in 1945, spent his career in Augusta teaching and practicing psychiatry. He retired from MCG as a clinical professor of psychiatry in 1987. He was a former vice president of the Medical Association of Georgia, which presented him with a certificate of distinction for 50 years in the practice of medicine.

Dr. Thigpen was internationally known for his research and publication of more than 40 papers. With Dr. Hervey Cleckley, he wrote *The Three Faces of Eve* based on a patient of theirs with multiple personality disorder.

A lifelong amateur magician, Dr. Thigpen was inducted into the Hall of Fame of the Southeastern Association of Magicians shortly before his death. He enjoyed astronomy, hunting and fishing. He received the Eagle Scout Award from the Boy Scouts of America, an organization he supported throughout his life.

Survivors include his wife, Mary Rogers Thigpen; sons Wayne P. Thigpen, Corbett Mark Thigpen and Lance Thigpen; and six grandchildren.

Public Health Official's Role Has Ripple Effect

Christine Hurley Deriso

It might not have been her specific goal, but Dr. Lydia McAllister has found herself in a position where she influences virtually every nurse in the state of Georgia.

As assistant chief nurse for Georgia's Division of Public Health, Dr. McAllister works with nurses, academia and government to ensure excellent nursing services in Georgia. Her duties include interacting with the state's 19 district nursing directors, reviewing pending state legislation pertaining to public health care, writing impact statements for legislators, teaching nursing students about public health, coordinating guest lecturers for nursing students and working with faculty to upgrade nursing standards in the state.

"We're working to get nurses without a bachelor's degree back in school," said Dr. McAllister, who earned her doctorate in nursing from MCG in 1997. "We want Georgia nurses to be bachelor's-prepared [rather than have only a diploma or associate degree]."

But although Dr. McAllister spends lots of time in the prestigious confines of universities and the state Capitol, most of her work is done in the trenches. She spent her childhood dreaming of a nursing career, and after earning bachelor's and master's degrees in the field, she devoted her career to treating mothers and babies in hospitals. When she went on to get her doctorate, she realized she was broadening her skills beyond just the clinical role of nursing, yet that's where her heart remains. She may no longer be at the patient's bedside, but in her current role, she knows she can affect patient care much more extensively than she could by serving patients one on one.

Dr. Lydia McAllister

"I thought if I had a greater body of knowledge, I could contribute more," she said. "I think having a clinical background makes me more sensitive to where we need to be going."

And in working with public health nurses throughout the state, she's meeting the state's most pressing needs. "The biggest need is access to care," she said. "There are still some working poor people and an immigrant population that tend to fall through the cracks. The message about healthy lifestyles is getting out, particularly among young people, so we're seeing some good trends. But there are still significant problems, and health care funds are being redirected and cut. More groups are competing for the health care dollar."

The Division of Public Health is broadening its research role to ensure that its work reflects the state's needs, she said. That research indicates "that we need more emphasis on prevention," Dr. McAllister said. "We also must respond to how health care affects the whole community, not just the individual."

The state's district nursing directors, with whom she meets regularly, are the key to meeting those needs, she said. "Many [public health] clinics have only one nurse per county," she said. "Most public health nurses are the gate-

keepers for the health of that community. What an awesome opportunity, but also a tremendous responsibility."

Dr. McAllister is thrilled to help them expedite their goals and said MCG gave her many of the tools to do so. "I really appreciated MCG's attention to people's lives and obligations when I was in school there," said Dr. McAllister, noting that she was raising two children and commuting from Atlanta while earning her doctorate. "The class scheduling was very flexible and the faculty excellent. I'm very thankful for my education."

Dr. Lambert Named to Board

Deborah G. Steele

Dr. Vickie A. Lambert, dean of the Medical College of Georgia School of Nursing, is one of 11 deans of nursing nationwide to be elected to the board of directors of the American Association of Colleges of Nursing. The AACN is based in Washington, D.C. This is Dr. Lambert's second time to be elected to the board.

Dr. Lambert will chair the program committee for the AACN, which involves planning all conferences and programs for the organization.

AACN represents more than 500 nursing schools across the country that offer baccalaureate, graduate and post-graduate programs. The dean or other chief administrative nurse in the nursing program serves as the institutional representative to the AACN.

As the national voice for America's universities and four-year college nursing education programs, the AACN helps deans and directors improve and advance nursing education, research and practice.

Dr. Lambert is a past president of the Georgia Board of Nursing and the Southern Regional Education Board Council on Collegiate Education for Nursing.

Options Wide Open for Nurses

Christine Hurley Deriso

When Dana Christian was plotting her career course, she had very specific criteria: "Basically, I wanted an autonomous nursing career and an active role in the care of patients," she said. And it wouldn't hurt to earn an excellent salary in a setting of her choice..

Too much to ask? Not at all, as she discovered at the Medical College of Georgia. Ms. Christian earned her bachelor's degree in nursing from MCG in 1991. After working in the field several years, she returned to MCG for specialized training. She graduated from MCG's nurse anesthetist program this December.

Upon graduation, she had several job offers, so she had the luxury of being choosy. In January, she began her practice at Memorial Medical Center in Savannah, Ga. "This is just what I was looking for," she said.

Dr. Vickie A. Lambert, dean of the MCG School of Nursing, isn't at all surprised. "There are so many possibilities in nursing," Dr. Lambert said. "It is a very viable career option and will become increasingly viable in the future."

Nursing has changed drastically in the past few years. "I think before the 1960s, nursing was thought of more as a job than as a career," Dr. Lambert said. "Today, nursing is a lifelong career." Nurses (many of whom are men) are highly respected members of the health care team. A nurse's traditional role—treating a patient at the bedside—is certainly still an option, but only one of many. In addition to hospitals, nursing settings may include the home, community, industry and academia, just to name a few. Roles include direct patient care (including serving as the primary practitioner for individuals and families), administration, teaching and research.

Nurses also may fine-tune their specific interest in health care. Are you interested in working in the hustle and bustle of an emergency room? Counseling those overwhelmed by stress, depression or addiction? Steering young people toward a physically and emotionally healthy future? Helping the elderly maximize their quality of life? Assisting patients not only with their treatment but with every lifestyle aspect that affects their well-being? All these opportunities, and many more, are available to

Nurse anesthetist student Erin Connor (left) practices anesthesia skills on manniquin in human simulation lab with Elizabeth Monti, assistant coordinator of the nurse anesthetist program.

nurses, Dr. Lambert said.

Of course, any fulfilling career is also a challenging one, and Dr. Lambert noted that expectations are high for nurses, beginning in nursing school. "Nurses should be able to think critically, act quickly, make good decisions under stress, communicate effectively, have compassion and look at the total person. Nurses concentrate on the holistic view rather than disease processes."

The school's curriculum is intensive—increasingly so because of the explosion of scientific knowledge that health care professionals must master. But class sizes are small (a 10-to-1 student/teacher ratio in undergraduate classes and a 6-1 ratio in graduate classes) and the faculty is committed to each student's success. "The MCG faculty is more student-oriented than any faculty I've ever worked with," Dr. Lambert said. "They are very strong student advocates."

Students agree. "My experience at MCG was wonderful," Ms. Christian said. "This was the perfect place to get my education. Everybody was very supportive and knowledgeable."

Kurt Ochsenknecht, a first-year student in the nurse anesthetist program, concurs. "A lot of first-year students are very nervous, and the instructors have been very supportive in letting us know they're here to help us, which is very comforting. I've enjoyed it immensely."

Those earning bachelor's degrees from the MCG School of Nursing attend their first two years of college at an accredited college or university, then transfer to MCG for their last two years. The Augusta campus accepts 100 bachelor-level students a year; its campus in Athens, Ga., accepts 50 students a year. For more information about the bachelor's-degree program, call (706) 721-2787. For more information about the school's graduate programs, call (706) 721-4710.

Alma Mater Honors Faculty Member

Deborah Steele

Dr. Patricia Rikli, a Medical College of Georgia assistant professor of mental health/psychiatric nursing, recalls how she was in awe of Oklahoma Baptist University students who would lead the daily worship service at the Falls Creek Camp in Oklahoma.

"OBU is often listed in *U.S. News and World Report* as one of the leading schools for their Baptist values and fine academic and service programs," said Dr. Rikli, a native of Enid, Okla., who now resides in Evans. The Shawnee, Okla., home school has been named one of the top-10 "Best Colleges" among liberal arts colleges in the western United States for seven consecutive years.

While Dr. Rikli was in awe of the university, the university was inspired by her, as well. She is one of 12 OBU alumni to be presented the Profile in Excellence Award for 1999 for her accomplishments in the nursing profession.

"I was really humbled by it," she said after receiving notice that she had been

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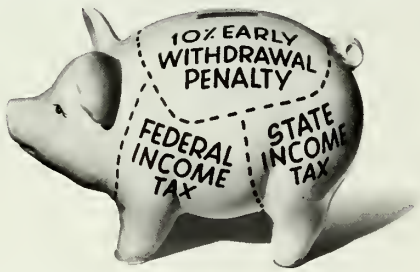

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nominated and awarded the honor.

Prior to joining the MCG staff in August 1998, Dr. Rikli taught in Augusta State University's Department of Nursing. She was also a consultant for psychiatric nursing to the U.S. Army's surgeon general in 1986. Her last assignment in the Army Nurse Corps was as director of psychiatric nurse course. She retired from that post in July 1994.

Since graduating from OBU in 1969 with a bachelor of science in nursing, Dr. Rikli earned a Ph.D. in medical psychology from Uniform Services University of Health Sciences in Bethesda, Md., in 1988. She also holds a master of science in nursing from the University of Texas Health Science Center at San Antonio.

Dr. Rikli returned to OBU in 1993 to present a lecture to that year's nursing class and said, "It was such a thrill to go back to my school."

She notes that compassion, competency and the ability to communicate are all important to nursing and she is proud that she received that fundamental foundation from OBU.

"I am thankful for the education experience based on a Christian perspective that gives me strength and a sense of purpose as I face the issues of life and death encountered in nursing," she said.

Nurses Encouraged to Embrace Change

Deborah G. Steele

Change is inevitable and something everyone must face. Nurses are no different, as Mary McKinley, president of the American Association of Critical Care Nurses, stressed during a recent regional meeting in Augusta.

"We get there too late to sometimes make the difference we want to make," she said. "Nursing does not want to be a dinosaur. We have to flourish in this changing environment."

Patient care and the way that care is administered has changed dramatically over the past 20 years with the introduction of diagnostic-related groups and managed care.

Federal reimbursement to hospitals for each procedure performed is limited, regardless of the cost to the hospital, said Ms. McKinley, a critical care registered nurse at the Ohio Valley Medical Center in Wheeling, W. Va.

"We had to look critically at what we were trying to do," she said. "There is now some suggestion that the demise of managed care is on the horizon. I don't believe it is. I don't think it's necessarily going to go away.

"When you look at managed care, I think we were so busy thinking about whether we could, we were too busy [to think about] whether we should," said Ms. McKinley, noting that often patients aren't hospitalized as long as they should be or certain procedures aren't performed because hospitals won't be reimbursed for the operation.

Another change is technology. Today, test results can be obtained in minutes instead of hours, allowing better care assessment.

"We can get patients in and out of the hospital faster because of the technology out there," said Ms. McKinley. "You look at the changes in technology and how it has impacted our patients and the care we can give. It's amazing."

While some nurses are reluctant to adopt the new procedures and equipment being used in most of today's hospitals, Ms. McKinley stressed the importance of accepting the change and moving on.

"Change is a constant," she said. "It will never be the old days again, so we are going to have to change and adapt around those changes. Change doesn't feel quite right, but sometimes we have to deal with it. We are going to have to get a little more comfortable with change.

"Eighty-nine percent of the American public thinks nurses are great and that they need them," she continued. "We've got people that believe in us, but we don't believe in ourselves. We have to let go of the past and have courage and be willing to take risks. We can only get there by taking a risk."

Charitable Gift Annuities

The fall 1998 edition of *Medical College of Georgia Today* featured an article describing a life income gift in the form of a charitable remainder trust. The article discussed the benefits of a life income gift, including receiving a current income tax deduction, avoiding capital gains tax, reducing estate tax and increasing income from your assets.

With the market above 10,000 and seemingly soaring higher every day, you may find yourself with highly appreciated assets that produce little income. You may agree that a life income gift is the best way to achieve your charitable and financial planning goals. But maybe you aren't comfortable with the complexity accompanying a charitable remainder trust. Or perhaps you feel the size of your gift does not warrant a charitable remainder trust. Is a life income gift option still available to you? Yes. It is called a charitable gift annuity.

Benefits of a Charitable Gift Annuity

The charitable gift annuity is simple, secure and affordable. Unlike a charitable remainder trust, a gift annuity is contributed directly to the Medical College of Georgia Foundation, Inc., which agrees to pay a guaranteed fixed income for your life. This income is backed by all the assets of the MCG Foundation, not just the principal of your gift.

The gift annuity can be established with as little as $10,000 and can be designed to pay an income for life to a single beneficiary or two. The gift annuity may be established at any age; however, the beneficiary must reach age 65 to begin receiving income from the annuity. The annual percentage rate for the income from a charitable gift annuity is determined by the American Council of Charitable Gift Annuities. However a gift annuity is set up to best meet your needs—immediate income or deferred, a single life or two—it can be established with a simple one-page agreement with the MCG Foundation.

The charitable gift annuity can provide for significant tax savings. The present value of the amount expected to remain to support MCG's mission at the annuity's maturity qualifies as a charitable deduction on your income tax return. This amount is typically 50 percent of the value transferred to the gift annuity. If the gift annuity is funded with appreciated assets, you will avoid capital gains taxation and your estate will be relieved from taxes on the funds used to establish the gift annuity. As an added tax benefit, some of the principal you use to establish the gift annuity will be returned to you in the form of income. That portion of your income will be tax-free.

Examples

Mary, age 60 and not yet retired, invested $10,000 in a stock five years ago. Today, her stock is worth $60,000 and she wants to sell it to have a retirement nest egg. Mary realizes if she sells the stock, the difference between her cost basis ($10,000) and the current market value ($60,000) will be hit with capital gains tax. She will be forced to pay $10,000 in tax (20 percent capital gains tax on $50,000 profit). Mary decides to contribute the stock to the MCG Foundation in the form of a charitable gift annuity instead, and the foundation agrees to pay her a guaranteed income for life. When the gift annuity is created, Mary will qualify for a current income tax deduction of $29,269, which will save her $8,195 in her 28 percent tax bracket. Since Mary is 60, she established a deferred gift annuity that will pay her an income rate of 8.1 percent for her life beginning at age 65. She will now receive a guaranteed annual income of $4,860 for the rest of her life—an excellent return on a $10,000 investment.

John, 75, and wife Martha, 72, are retired and have $75,000 in cash they want to put to work for them. They have decided to contribute the money to the MCG Foundation to establish a charitable gift annuity for both of their lives. In doing so, they qualify for a current income tax deduction of $28,870. This will save them $8,084 in their 29 percent tax bracket. The gift annuity John and Martha created will provide an income rate of 6.6 percent that will generate $4,950 for the rest of both their lives.

Find Out More

A charitable gift annuity is a wonderful tool for supporting MCG's mission while continuing to earn income from your assets and reduce your tax burden. We will be glad to present you with examples illustrating potential income payouts and tax savings based on charitable gift annuities of differing sizes and types and whether they are funded with cash or appreciated property. Please call 1-800-869-1113 for a no-obligation discussion.

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